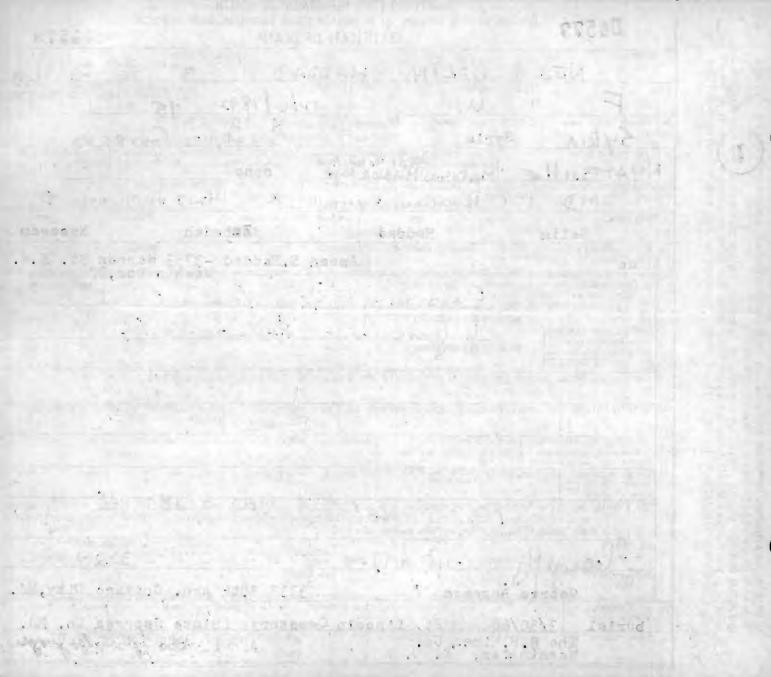
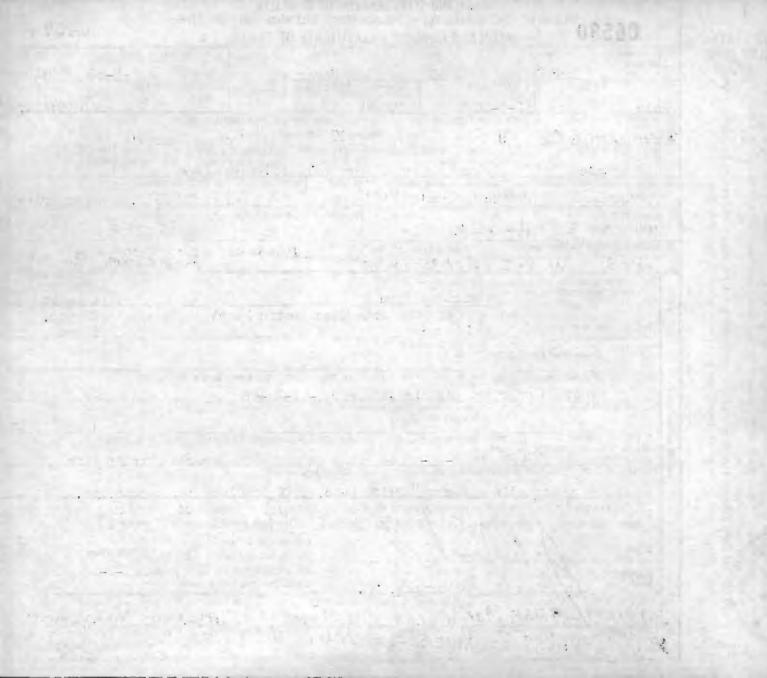


			MARYLAND STATE DEPARTMENT OF HEALTH	
h	1		04579 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1			CERTIFICATE OF DEATH	34573
	4 24		DECEASED-NAME First / Middle Lost 20. DATE OF DEATH	2b. HOUR
	de art		(Type or print) NEJLA SELIM HADDAD 3 Manth 2 Doy	Yeor 1132M
		3. 5	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER	R 1 YEAR OF UNDER 24 HRS.
	4 3 8 2		12/6/1892   ost birthday) YRS, MONTHS	DAYS HOURS MIN.
	by the to Pages I haurs after		D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPPIED NEVER MAPPIED 9. COUNTY OF DEATH	
		cat	auntry) SYRIA Syria WIDOWED DIVORCED PRINCE GEORGE	=3 Md
	within 72	10.		KIND OF BUSINESS OR USTRY
	d d d		MATISULIE MADISTI MANDE NIA NONE	IJIK1
		13a	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 2	m
	and campletely remove carban any event, w	_	11). TRINCGEON MYATTSVIK TALL TALL VELETERS	
	and rem	/ [14:	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Selim Haddad Zehedah	Nasseam
	ate be ician ( lease and îi	160	Selim Haddad Zahedah  60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	Masseam
	The law requires that the death certificate be executed vattending physician.  has been signed by the attending physician and camplets as as the burial-transit permit. Then please remave cart the priar ta burial, crematian, ar remaval, and in any event,	100		St. N.W.
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	attending permit. The		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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	t the a sit pe		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF	
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	equires that the physician. Signed by the burial-transit burial, cremat		lost. (c)	
	physici physici signed burial-i burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	ng F	2	4201	
	The law re attending has been se as the h priar tal	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER	ED IN CERTIFYING
	: The or after has use a aith pu	CERTIFICATION	YES NO CAUSES OF DEATH?	
	IAN: The ol or att		The state of the s	
	respital or certificate for until factor for the factor for until factor f	MEDICAL	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year Clif either, notify medical exominer) P.M. 19	
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	. OR ATTENDING PH' be retained by the h DIRECTOR: After this ge 3 shauld be detac lled with the State Dep		While Not while of work OFFICE BUILDING, ETC.	
	Stall Stall		220. I certify that (!) (this haspital) attended the deceased from	, that (I) (we) last
	ATTENDING stained by th CTOR: After i shauld be d with the State		causes stated obove, (I) (we) (did) (did nat) view the body ofter death.	noor one from me
	CTO SHE		22c. DATE SIG	
	DIRE Be 3 ed w		Color Hagaage MD DEGREE PHYS. DIRECTOR DIRECTOR DIPHYS. 3-28	9 -68
	AL DAG	1	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 22e. ADDRESS	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, cre		George Hageage 5(1) Journ Ave. Collage	
	S age ∪	230	3g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Coun	
	5- 5- 1			Co. Md.
	VR A15 (4) 30M REV. 68	24.	The S. H. Hines Coddress Washington D. C. 250. REC'D BY REGISTRAN SIGNATE DATE	to judge
	SOLAL KEAT INDE		Washington, D. C. DATE	

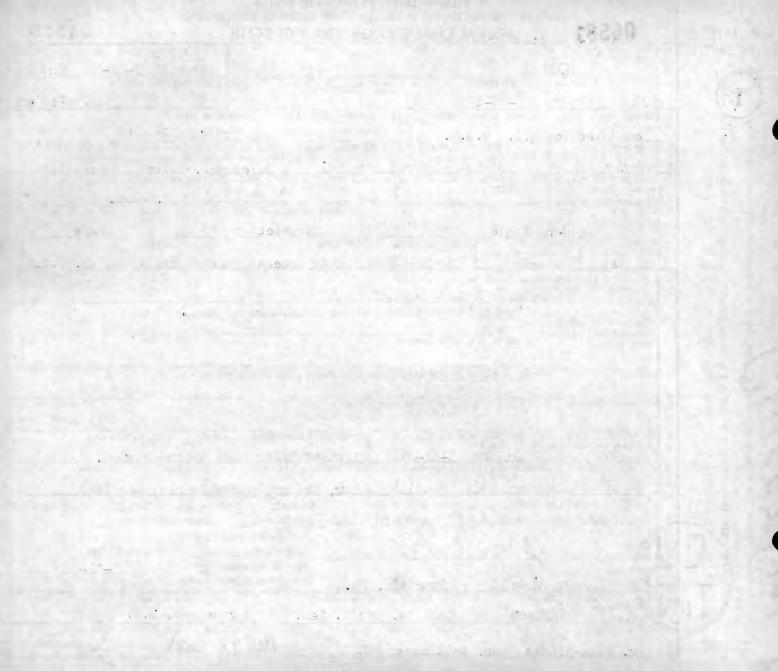


MARTLANU STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04575 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-William Hanley 191:20am M 6. AGE (In years IF LINDER 1 YEAR 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR White 5-25-1932 193:40 от м Male YRS 7o. BIRTHPLACE (State or foreign MARRIEO NEVER MARRIEO 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ DIVORCED | New Rochelle, N.Y. U.S.A. Prince George's within 24 haurs after death pencil in Item 18. Give Pages with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly Sales Mgr. -Pilot Aircraft 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Long Island 16 Mass. Blwd pages land2 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle haurs John Hanley Margaret Bane 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADORESS** (Yes, no, or unknown) (If yes give war or dates of service) 120-22-6785 Dalton Funeral Home Floral Park, L. I. N. Y 1954-1958 be executed w within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. OEATH WAS CAUSEO BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Lacerations of brain DUE TO, OR AS A CONSEQUENCE OF Multiple fractures of skull Canditions, if ony, which gove rise to immediate couse (a), shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse E PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remayal nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING EXAMINER: burial, crematian, 3-21-1968 CAUSE OF DEATH Pilot of helicopter which crashed 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Iverson Mall Shopping Center, Prince George County, Maryland 220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry x. ond in my opinion Homicide | death resulted from: Notural causes Accident X Suicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (32) 3-21-68 **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. John/ Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23 DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Long Is. Nat'l. Cem. 25/68 Pinelawn, N.Y. Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles VR A15ME (5) 1968 TOM REV. 1/68 Wm. Cook-Brooks, Inc. Baltimore, Md.

MAKTLANU STATE DEPARTMENT OF HEALTH



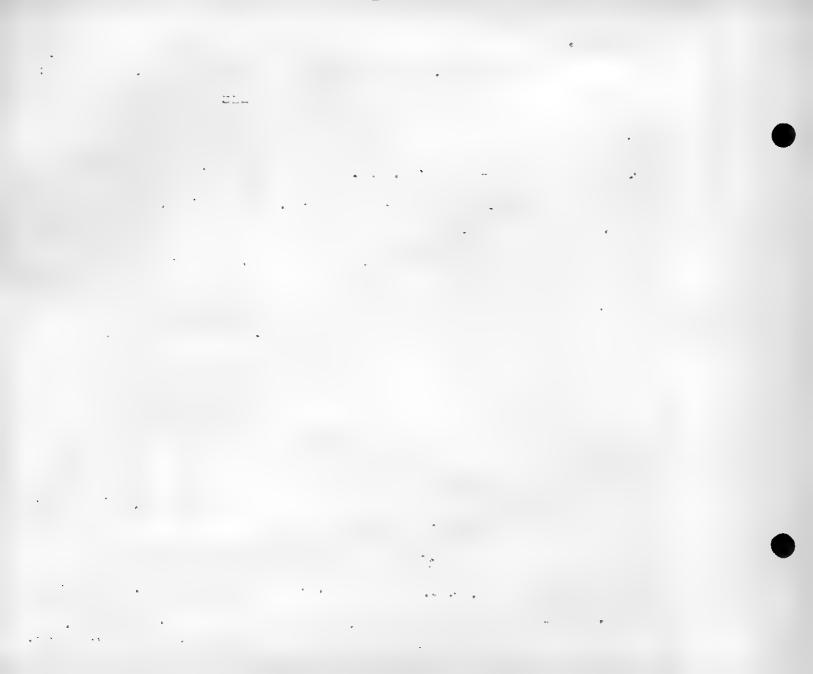
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sth.		CEASED NAME First  ype or print)		Middle	Last	20	DATE OF DEATH  Month Doy	Year 2	b. HOUR
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ours after death	3 SE	x male	4 RACE white	е	5. DATE OF BIR 7/31/1		6. AGE (In years lost burthday) YRS.	MONTHS DAYS HOU	IOER 24 HRS.
200	7o 1	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED NEVER MARE	RIED 9. CO	DUNTY OF DEATH		
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equires that the death certificate be executed wath physician. Signed by the attending physician and camplete burial-transit permit. Then please remave carburial, crematian, ar remaval, and in any event,	16a. Y			166 SOCIAL SECURITY   230 14 67		t.	Address		
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ING by t ffer be o		22o. I certify that (I) (th	is haspital) atte	nded the decease	ed fram 3/11	Z , 19 <u>68</u>	., to 3/27/68 19	, that (I)	(we) lost
END St. A		saw the deceased o	live on	dutant) view the	Y, and that in (my	/) (our) opiniar	, to3/27/68, 19_ n death occurred on the do	e and hour and	trom the
TI PATT		22b SIGNATURE	(1)	alitati men ille	booy affer ocom.		224	ATE SIGNED	
DR. See re dw		[/]	AND VVI	m	DEGREE PHYS	G MED DIRECT		/27/68	
AL (	l	22d. PHYSICIAN'S			1 1110		Dale Mospital		
PITA mc ERA ERA I be		NAME (Type) M	e Weiss	M. D.		Glenn	Dale, Maryland		
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 should be filed w	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY OR CREMATORY		d LOCATION (City or Town)	(County) (St	tote)
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MAKTLAND STATE DEPARTMENT OF HEALTH

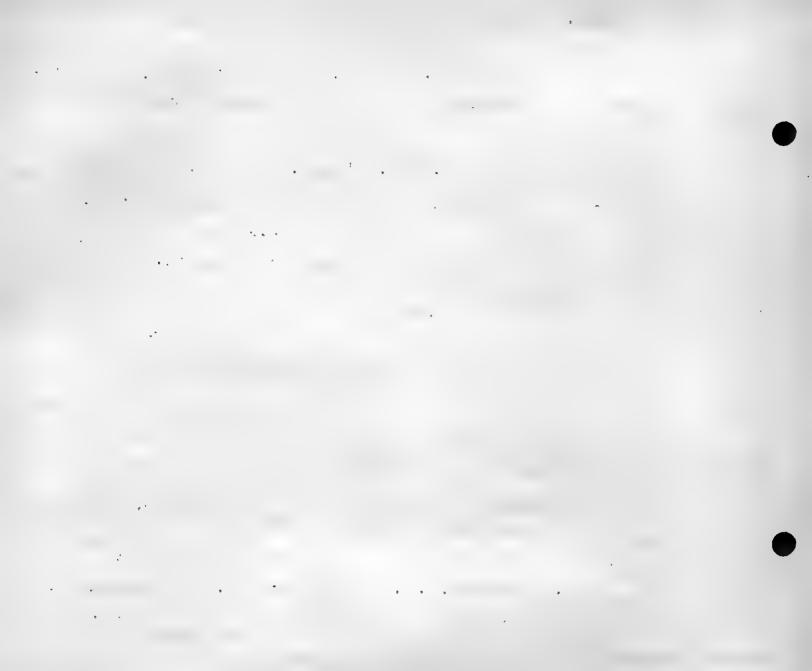


MARYLAND STATE DEPARTMENT OF HEALTH





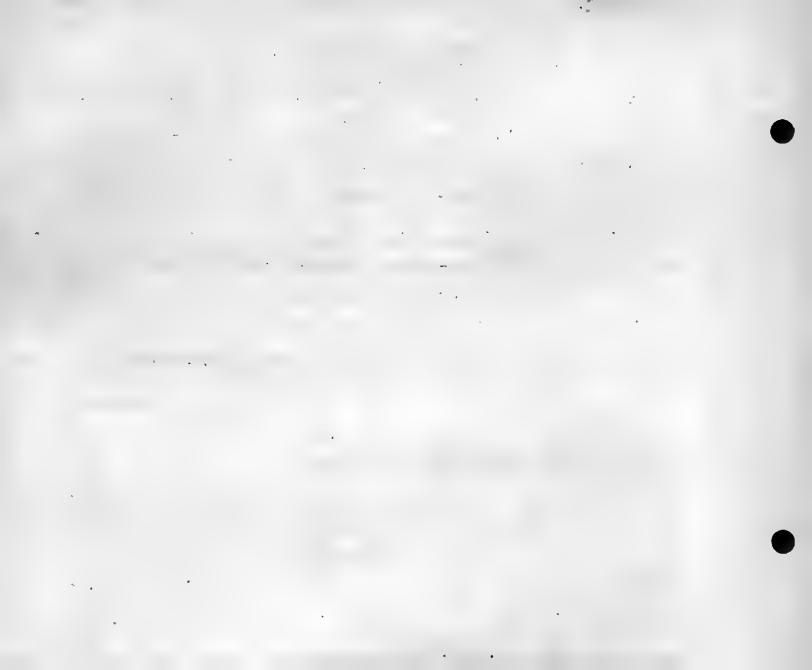
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- (NXI)	T	tem 8 Film G398	3/11/68 kk	CERTIFICATE OF DEATH		5 5 7 8 3
i _ Kill		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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fun fun	3. SI	X	4 RACE	S DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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A 3 4			76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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omposite very	duni	ission) STATE Maryland	Prince Georges	Palmer Park YESK	- UVL 7 GIEERILE	if Rd.
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ne death certificate b attending physician permit. Then pleose ion, or removal, and i		(es, na, ar unknawn) (If yes give w	and the distance of a contract		Address	1. M.A
ohys val,		DO	006 05 7	821   Mary A Henr	y Palmer Far	APPROXIMATE INTERVAL
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SICI Sprt Sprt Sprt Sertif Ced	MEDICAL	(If either, notify medical exam's 21d INJURY OCCURRED 2)e	ner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET	FACTORY, 21f LOCATION Street or R.F.D. I	No. City or Town	Caunty State
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ING by the ter ter	1	22a. I certify that (I) (the	is Americal) attended the dece	ased fram 19 (19) (2007)	65, to March 4, 1	9 <u>68</u> , that (I) (week las
ND S S S S S S S S S S S S S S S S S S S	П	saw the deceased a	tive an	19 6 and that in (my) (eur)co	pinian death accurred an the d	late and haur and tram the
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OR ATTENI be retoined DIRECTOR: A ge 3 should ed with the	П	220 MONATURE	A 6. (	DEGREE PHYS EXE	MED STAFF DIRECTOR PHYS.	3/4/52
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TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by to TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	230	BURIAL CREMATION 23b	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d 10(ATION (C ty or Town) Washington	
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	24.	FLINERAL DIRECTOR	ons Hyattsvi	ESS 2So. REC'I	BY REGISTRAR AND REGISTRAR	SSIGNATURE OF
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FOR STATE		Jab81		XAMINER'S				44
HEALTH DEPT.		CEASED NAME Firs		Middle	€ast		20 DATE KNOWN X Month	Day Year 2b, HQUR
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= 3 ~ ~ c =	꽃	21d INJURY OCCURRED   21e	PLACE OF IN URY (At borne	e form street	21f +OCATION Street		City or Town	County State
EXAMINER: cute the cert age 4 shauld ryaur files. Page 3 shauld, cremation,		WHILE HOT WHILE KE THE STATE OF	octory, office building, etc.)	at 61st Av	e.		Hillside	P.G. Md.
		220. I certify that i	took charge of the ren	na'ns described abo	ve, held an Auto	psy X, In	spection X, Inquiry X	, and in my opinion
SICAL te exector. Production of the puriod for buring puriod for the puriod for t		death resulted fram.	Natural kauses	Accident/X,	Suicide 🔲,	Hamicide 🔲	Undetermined monner	
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ro DEPUTY necessary, the funera 5 may be ro FUNERAI Health pr	23n		DATE	23c NAME OF CEMETER			LOCATION (City or Town)	(County) (State)
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tid .	£ _~£		CEASED NAME First	Middle	Last		DATE OF DEATH	2b. HOUP M	
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	be exe	14.	ATHER S NAME First WILLIAM	M.ddle Last E. HOAC		AAIDEN NAME First	Middle	Lost SEELEY	
	ificate nysician pleasi al, and	160. Y	WAS DECEASED EVER IN U.S. ARI	MED FORCES?  Teta dates of services  578-58-41	_	WIFE Lou	ise E. Hoadgess		
	equires that the death certificate be executed within 24 physician.  signed by the attending physician and camptetely filled is burial-transit permit. Then please remave carban paper burial, crematian, ar remaval, and in any event, within 72	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ventricular Fibrillation							
	the de he atter it perm atian, a		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF Probable	Acute Myo	card Inf	arction	hrs	
	equires that physician. signed by th burial-trans burial, crem		nse to immediate cause (o), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (4) Hypertens	sive Cardio	างสรอบไส	r Disease		
	phys phys signe buric buric	L	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N					
	ding ding seen the the tro	NO	190. DATE OF OPERATION 119b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUT	ODCA3	20b. IF YES, WERE FINDINGS CO	ACIDEDED IN CEDTIEVING	
	The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre	CERTIFICATION	none		YES [	₹ NO □	CAUSES OF DEATH?		
	ICIAN: oital or tificate d far u af Heal	MEDICAL CEI	21a, ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M Month Day Year		CCURRED (Enter notu	re of injury in Port 1 or Port 2, Ite	em 18.)	
	DING PHYSICIAN: The law re by the hospital or attending ther this certificate has been be detached far use as the State Dept. af Health priar to	WE WE	at work at work	. PLACE OF INJURY ( AT MOME, FARM, STREET, FA			City or Town	County State	
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carban papers pages and shauld be detached far use as the burial-transit permit. Then please remave carban papers pages and sinh the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death		22a. I certify that (3) (the	nis haspital) attended the deceas alive an3 Mar e, (1) (we) (did) (did nat) view the	ed fram 1 Man 19 68 and that in (i	ny) (aur) apinian	, ta <u>3 Mar</u> , 19 ( death accurred an the date	68, that (1) (we) last e and haur and fram the	
	OR ATTENI be retained OIRECTOR: A le 3 shauld ed with the		22b SIGNATURE		ATTEND  ATTEND  PHYS.	ING MED MED DIRECTO	STAFF C	ATE SIGNED	
	HOSPITAL OR ATTENE age 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) W. BU	JRGER, CAPT USAI	MC MAI	DORESS LCOLM GR	· · · · · · · · · · · · · · · · · · ·	ANDREWS	
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or IO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	230	BURIAL, CREMATION, REMOVAL (Specify) 3- BURIAL DIRECTOR JOSE	DATE 6-1968 23c. NAME OF Arling	CEMETERY OR CREMATORY ton Nat 1 ngton, V.A.	emetery 23d	LOCATION (City or Town) Arlington, Va.	(County) (Stote)	
	VR A15 (4)	24		ph Gawler's Son BRESS	Inc.	2So. REC'D BY REG	ISTRAR 2Sb REGISTRARS S		
	30M REV 1/68	L	5130 Wisc. Av	e. N.W. Wash. D.		DATE MAR	8 1968 Julia	0 0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR Last **DECEASED-NAME** First Middle after death Month Day Year signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, crematian, ar remaval, and in any event, within 72 hours after deal (Type or print) Wahlene Holdzman IF JNDER 24 HRS 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR 3 SEX MONTHS HOURS lost birthdoy) YRS. Female White 1 May 191 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Virginia WIDOWED [ DIVORCED [ Prince Georges
12a. USUAL OCCUPATION (K.nd of wark dane U.S.A. 11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol 12b, KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH give street address) during most of working life, even irretired.) INDUSTRY Prince Cenroes Ceneral Hospital Cheverly 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY Maryland Georges College IS. MOTHER'S MAIDEN NAME First Walter Wood Elizabeth Murphy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes give war or dates of service) Yes, na. or unknown) Joseph W. Holtzman Same 25 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave ) nse to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the t alth priar ta b Page 4 may be retained by the haspital ar attending has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO F TO FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health ; 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) ( AT HOME, FARM, STREET FACTORY. ) 21f. LOCATION Street or R.F.D. No OFFICE BUILDING, ETC. 21d. INJURY OCCURRED State 21a. PLACE OF INJURY City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 3. 2. 1968, to May 1. saw the deceased alive an May 1. 1968, and that in (my) (aur) apinian death accurred a \_\_\_19 & G, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY O'R CREMATORY LOCATION (City at Town) 23b. DATE 230 BUR AL, CREMATION Congessional Washington REMOVAL (Specify) 250. REC'D BY REGISTRAS 6 ADDRESS FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68



- 1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
8%		CERTIFICATE OF DEATH
.		ECEASED-NAME First Middle Last 20. DATE OF DEATH 25 HOUR
	,	Type or print) Virginia M. Hooper March 29 1968 620
	3. 5	EX S DATE OF BIRTH 6. AGE (In years I if under 1764 HE)
		Female Caucas 2/26/1878 lost birthday) YRS. MONTRS DAYS HOURS MIN
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	COUI	Alabama U.S.A. WIDOWED DIVORCED Prince George County, M
	10 (	CITY OR YOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during grost of working life even if returned)  12 USUAL OCCUPATION (Kind of work done like the life and like even if returned)  13 KIND OF BUSINESS OR INDUSTRY
		Torestuille Resent Nursing Home Housewife
10	13a.	JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER ission) STATE 13b COUNTY 2 13c CITY OR TOWN 13d INSIDE CITY LIMITS?
Z 1		inne verrellemple Hills will Jary Joan Lane Je
1	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
1		DAVID ZINKNOWN
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY ND   17. INFORMANT   Address   16b. SOCIAL SECURITY ND   17. INFORMANT   Address   16b. SOCIAL SECURITY ND   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. INFORMANT   18
	-	FRANCIS D BURROUGHS - 5219 - JOAN LANES
		THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a) JUNEAR 4 Car Comon Certain
		DUE TO, OR AS A CONSEQUENCE OF
		Conditions, Hony, which gove is to immediate cause (a). (b) Cdicional Calculation (b)
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
		FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISCUSE OR CONDITION STREET IN FART 1(0)
	NOIT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
X	CERTIFICATION	YES NO CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port ) or Port ) or Port 2. Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
	MED	ALL WALLAND AND AND AND AND AND AND AND AND AND
		The place of Injury (Al Home, NAM, Sixee, NACION) 216. PLACE OF INJURY (Al Home, NAM, Sixee, NACION) 216 LOCATION Street or R.F.D. No. City or Town County Stote of work at work at work
		22a. I certify that (I) (this haspital) attended the deceased from 12-23, 1967, to 3-29, 19-68, that (I) (we) la saw the deceased alive an 3-29, and that in (my) (aur) apinian death accurred an the date and hour and from the
		saw the deceased alive an 379 185, and that in (my) (aur) apinian death accurred an the date and hour and fram th
		cguses stated above, (1) (we) (did) (did not) view the body after death.  22b SIGNATURE 22c DATE SIGNED
		The state of the s
1		22d. PHYSICIAN'S
ļ	,	And PHYSICIAN'S Dr. George D. Gartland 22e ADDRESS Hillcrest Hg 3611-Branch Ave., SE Md.
1	230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
X		REMOVAL Granty 4-1-1968 Cedar Hill Cemetery Suitland, Maryland
1/	24	AUDRESS Wash DC 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
Ų)	51	mmons Bros 1661 Good Hope Rd ES DATE APR 1 1968 Klistles Judge
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		1			AND STATE DEPARTMENT OF		
- Lynn		L	07.504	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAI		* = 0 :
/	Ma .		94597		CERTIFICATE OF DEATH		
	death open			rst Middle	Lost	20. DATE OF DEATH  March Month 1809	26 HOUR
	de de de	3 SI	Type or print)	4 RACE	Hough	100 (010	IF UNDER 1 YEAR THE UNDER 24 HIRS
	hours after death by the funeral rs. Pages I and haurs after death	3 3	Male	Cauc	S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	MONTHS DAYS HOURS MIN,
_	ov the Page	70	RIDTHIDI ACE /State or former	7b. CITIZEN OF WHAT COUNTRY?	Wovember 1,	9. COUNTY OF DEATH	
	24 hopers.	cou	hiry) inginia	U.S.A.	8. MARRIED M NEVER MARRIED DIVORCED DIVORCED	Prince George	Md.
		10.	analey Park	11 NAME OF HOSPITAL OR give street address)		SUAL OCCUPATION (Kind of work done most of working life, even 'f retired')  tiked Technically	12b KIND OF BUSINESS OR INDUSTRY Navy yard
	campletely fi	130	USUAL RESIDENCE (Where der	eased lived, if institution: Residence before	TE 13k CITY OR TOWN 13d. INSIDE OF	Y LIMITS? 13e STREET AND NUMBER	
	camp ave	-	issian) STATE Marylo:	ed 136 COUNTY.	e Canaley Park YER		quenue
	and camp remave	14	FATHER S NAME First	B. Housh		First Middle	lost
	ate bi		, WAS DECEASED EVER IN U.S			Address	Reans
	physician on please to physician on please toval, and it	1		rve war ar dates of service)  yes		ch 7908 Lockney 40	
	The law requires that the death cen attending physician. has been signed by the attending pose as the burial-transit permit. The priar ta burial, crematian, or remains the contraction of the contraction		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per line for (a). (b) and	(d) 0 0 0 0	0.0	APPROX MATE 'NTERVAL BETWEEN ONSET AND DEATH
	deal tend rmit , or			EDIATE CAUSE (a)	actualic Cardi	ovorende Wise	000
	the of th		Canditions, if any, which ga	DUE TO, OR AS A CONSEQUENCE	Ut		
	hat the n. yy the a ansit preematia		nse to immediate cause (c stating the underlying cou	a), (	OF .		
	res the skidar skidar ed b col-tra col	1	last.	{c}			
	physical significant physical		PART 2 OTHER SIGNIFICANT		NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
	ing sen the ria	l s	4791				
	A: The law requires the ar attending physician. The has been signed by the burial-trained by the priar to burial, crestly buri	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	ar all the house of the house o	ER I	21a ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY		nter nature of injury in Part 1 or Part 2, 1	Item 181
	riffica of for	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Day Yo			
	PHYSI he hasp this cert etached Dept. o	E E		THE PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		Na. City or Tawn	County State
	te D	1	at work of work	Alt I had an all talls also	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1.13 to 1110 V. 19 10	62 Abril 18 ( ) ( )
	Affe Se Se Se		sow the deceased	In <del>is nospiral)</del> ditended the dece	ased from 1962, and that in (my) ( <del>our)</del> a	pinian death occurred on the da	te and haur and from the
	OR: A		couses stated abo	ave, (I) (we) (did) (did nat) view t	ne body ofter death.		
	OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certificate 3 should be detached found with the State Dept. at He		22b SIONATURE	US July Oto	A DEGREE PHYS.	MED. STAFF 22c. [	3-18-68
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached for use as the burial-transit permit. Then please remave ca shauld be tiled with the State Dept. at Health priar to burial, crematian, or removal, and in any event in the state Dept. at Health priar to burial, crematian, or removal, and in any event in the state Dept.		22d PHYSICIAN'S NAME (Type)	11/1 0/4	22e ADDRESS	and pal	FCCWI
	O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	,	K	Bb. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (Lity or Town)	(County) (State)
	Page of Fe	230	DEMOVAL (Consider)		annond Covietery	Mashinaton P	(county) (store)
	VR A15 [4]	34	AND THE COPY		ssa Avenue 250. Right		SIGNATURE
	30M REV. 1/68	T,	arner E. Pimr		Spring Md DATE		0

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17 E S 15 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20 DATE KNOWN Yeor 2b. HOUR (Type or Print) ESTI-199 - 360mM John Huddleston DEATH MATED 3-5-68 IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE fin years 2c. DATE PRONOUNCED DEAD 2d. HOUR 6019 9:55pmM 9 Aug. 1945 Thite 7g BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Washington D. C U. S. A. WIDOWED [ DIVORCED [ Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR during most of working life, executively INDUSTRY Grocerie. give street oddress) Cheverly Prince George Alospital
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence below) 13c (TY OR TOWN 0 000 136 INSIDE CITY JM TS? 13e, STREET AND NUMBER 13b. COUNTY Arlington Arlington rdmsson STATI irginia YES NO NO 943 N. Liberty Street and 2 ne certificate, writing the ward 'pending in pencif in Item I should be forwarded to the Chief Medical Examiner's Office, Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Teddy Garland Huddleston Margaret Splan ADDRES 943 Liberty St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 227-60-1264 T. G. Huddleston Arlington, Virginia 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND GEATH permit PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident Conditions, if any, which gove rise to immediate couse (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 🔀 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hemother turned 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY S OR CONTRIBUTING Driver of car which went out of control and 21f LOCATION Street of R.F.D. No. City or Town County Ste CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) AT WORK AT WORK Rt. 4 at Waysons Corner, Anne Arundel County, Maryland 22a | certify that | took charge, of the remains described above, held on Autopsy | Inspection 🕱 Inquity 🕱 . and n my apinian death resulted from. Adulent X , Suicide , Hamicide Undetermined manner Natural causes / CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 🛣 **EXAMINER'S** ADDRESS(Street, city, town, or county) Riverdale, Md. NAME (Type) Kehoe MD John 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d. LOCATION (City or Town) (County) 3/8/68 Culpepper Natl. Cem. Culpepper. Cul. Va-ADDRESS Arlington, 250 RECO BY REG STEAR 196850 REGISTRAL STEAR Arlington Funeral Home3901 N. Fairfax Don't

MARYLAND STATE DEPARTMENT OF HEALTH

				ND STATE DEPAR				
gitanija ayazanya.		20500	DIVISION OF VITAL RECORDS	s, 301 W. PRESTON	STREET, BALTIMORE	, MARYLAND 21201		
•		05029		CERTIFICATE C	OF DEATH		٠٠ ء ٦	
. 2. ú		CEASED NAME First	Middle	Lost	2o. D	ATE OF DEATH March	2 1968	2b. HOUR
er dat	(1	(pe or print) ELZA	С.	HUFF	DKEP	Month Do	ү Үеог	2025 <sub>M</sub>
- A- 1	3. SE		4 RACE	S. DATE (	OF BIRTH	6. AGE (in years		UNDER 24 HRS.
5 2 25		Male	Cau		9 102 191	8 lost birthday) YRS.	MONTHS DAYS H	OURS MIN
d in by the Riner or and in by the Rober of Indian in 172 hours after death	7o (	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. COUN	ITY OF DEATH	1 l l	
d in ers. 72 h	cour	MKANSAS	USA			ince your	15. C.	Md.
	10. 0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospi	tol 1120. USUAL OCCUI	PATION UKING OT WORK GONEJI	126 KIND OF BU	SINES OR
arbon Arbon	Lζ	indrews AFE	give street oddress)	4-11-11-11-1	during most of w	arking life, even if retired.)	INDUSTRY	FARV
E E	130.	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	e, 13c. CITY OR TOWN	3d. INSIDE COS CONTES?	13e STREET AND NUMBER		1117
remave 1 n any eve	odmi	sion) STATE m.D.	13b. COUNTY CHARL	ES WALDOF	YES NO	Route 2 1	30x22	۷
any	14. [	ATHER'S NAME First	Middle Lost	15. MOTHER	S MAIDEN NAME First	Middle		Lost
= E		CHAR	LES HUFF	PAKER	VER	A (	SCOT	7).
director, page 3 should be detached for use as the burial-transit permit. Then please remaye (art should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any events.	160.	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURIT	Y NO 17. INFORMAN		Address	CAS ABO	SVE
n val,	Ľ	es, no, or unknown) (If yes give y	5-58-21	2-1192 W	RS. MAR.	JORIE D. HUI	FAKER.	
E C		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	(c).)			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
# H		PART I. DEATH WAS CAUSEI IMMEDIA	O BY: CAUSE (a) Cardiac	Arrest				
permit.		4	DUE TO, OR AS A CONSEQUENCE (	)F				
burial, cremati burial, cremati		Conditions, if any, which gove rise to immediate couse (a),	(b) Respira	tory Arrest				
ren		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	)F				
ì		lost.	(c)					
وم		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)		
r t	<b>≅</b>	i				had to the liter rupling	CONCIDENT ALL CON	TIPMEN A
prid ,	I S	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	TOUSIDERED IN CEKT	IFTING
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	IC TIME OF THEM		NO DOCUMENTO (Entre patrice	of injury in Port 1 or Port 2,	Itam 191	
		OR CONTR BUTING CAUSE OF DEAT	H HOUR A.M. Month Day Ye	or	OCCURRED (Enter hoture	or mility in ron 1 or ron 2,	116111 10.4	
	MEDICAL	(If either, notify medical exami	DEACE OF INHERY LAT HOME FARM STREET	FACTORY 3 215 LOCATION	Street or P.E.D. No.	City or Town	County	State
	_	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211 LOCATION	Silber of K.L.D. Mo.	City of Town	Cooling	310.0
	ı	22g Leartify that (1) (th	is hasnital) attended the deco	sed from 2.7 G	EB 1968	ta 2 00 19/2 19	68 that (	) (we) last
2	П	saw the deceased a	is haspital) attended the decer live an MAR	19 6 and that in	(my) (aur) apinian d	eath accurred an the d	ate and haur an	d from the
Ę		causes stated abav	e, (1) (we) (did) (did nat) view th	e bady after death.				
× i		22b SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	ATTI	ENDING MED DIRECTOR	STAFF 22c.	DATE SIGNED	0
led ,	ı	45 5-00	- A Jour	DEGREE PHY		LI PHYS LI Z	4 MARE	8
/		22d. PHYSICIAN'S NAME (Type) IR	A A. GOULD.	ZZe.	ANDREL	IS AFA HASO	WachDe	( 2033)
5	200		000	OF CEMETERY OR CREMATO		OCATION (City or Town)	(County)	(Stote)
1	Z30	BURIAL, CREMATION, REMOVAL (Specify) 23b		VETON NAT	TIONAL LA	RLINGTON,	VIRGI,	
	10 24.	EUNERAL DIRECTOR	ADDR		2So. REC'D BY REGIS	TRAR 25b. REGISTRAR		E.C
4] /68	14	WATT FUNEAR	HOME WALDON	E MD.		3 1968 gold	WHO AND	43



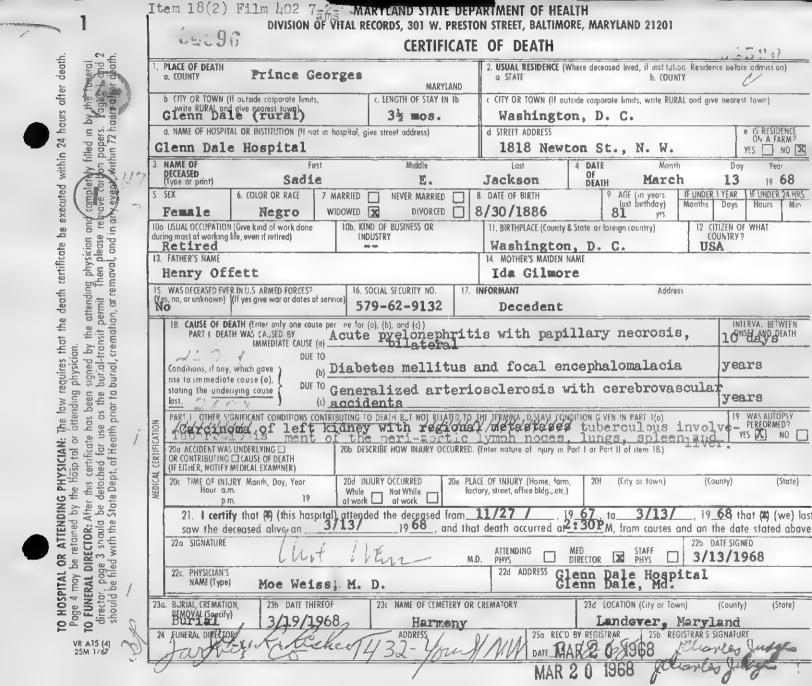
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HEALTH DEPT.		ECEASED-NAME Firs	it	Middle		Lost		20 DATE	KNOWN X Mont	Doy	Year	26 HQU
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hin 24 ncal in niner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED		16b. SOCIAL SECURITY	NO II	7. INFORMANT	TOS III	Ter	ADDRESS 75(	14 D	and a D	
within penal kamine ile poga			e war or dates of service)	TOD. SOCIAL SECONITI			II	Dans				
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ted in it.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	TO 01/	1 11 1 1							BETWEEN ONSET	
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ent ent		7137	*	AS A CONSEQUENCE (								
hier hier ans		Canditions, if any, which gave rise to immediate cause (a),	(b)2	rterioscl		c Fourt	136 30			$\rightarrow$		
world word the Ch riol-tru		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE (	)F							
e should be executed the word "pending" to the Chief Medical a buriol-transit permit.		lost	(t)									
irote ing th ded 1 os a I. onc	_	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DI	SEASE OR COND	IT ON G VEN IN	PART I(o)			
certifi orwar used movo	T.O.	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION								20. AUTOPSY?	,	
	CERTIFICATA			WAS PERFORME	D?						YES 🗍	NO 🔨
NER: Th' should be files. 3 should be ation, or r		210 EXTERNAL CAUSE WAS	21b TIME OF	INJURY Month, Doy, Ye	eor 2	LE HOW INJURY OCC	CURRED (Enter r	noture of injury	in Port 1 or Port 2	Item 18	)	
	MEDICAL	PRIMARY OR CONTRIBUTING	HOUR A.J									
	MED	21d INJURY OCCURRED 21e.		At home, form, street,	. 2	If LOCATION Street of	or R.F.D. No	City	or Town	(0.	inty	State
EXAM ute th your your Page		WHILE OF NOT WHILE TO	actory, office buildin	g, etc.)								
7.1 m Y/ 1 D		22a. I certify that I	tank charge of th	ne remains descri	had above	held an Autor	neu 🗆	Inspection	X), Inquiry	(F)	and in my	antolo
ical E executor. Po red for ECTOR: burnel,		death resulted fram:		ses 📆 , Accide					ermined manne		conce in may	opinia
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DEPUTY SICAL Excessory, please exect funeral director. Po may be retained for FUNERAL DIRECTOR:		EXAMINER'S John	hoe M.D.	, Riverdal	Le, Mo		RESS(Street, city				, ()	
O DEPUTY necessory, F the funerol 5 may be r O FUNERAL Heolth prior	220		DATE			OR CREMATORY			(City or Town)	15-	and the	201
7 12	23U	DEMOVAL (Const.)	3/6/68				- 1			nuo))	1,	ote)
				Caddo			250 REC D BY	DEC STRAP	County .	K SIGNA	EMEDIA:	// l. l.
VR A15ME (5)		FUNERAL DIRECTOR Robert					444	_	1968 1968	10 Y	The Marie	4
10M REV. 1/68	4	308 Suitland R	oad, Suit	Lland, Mar	yland		DATE MA	III U	-		W	

MAKYLANU STATE DEPARTMENT OF HEALTH



_	1			STATE DEPARTMENT OF		
*		Division Division			TIMORE, MARYLAND 21201	
100		02000	CEI	RTIFICATE OF DEATH		i
= (dV)	I. D	CEASED-NAME First	M.ddie	Last	2a, DATE OF DEATH	2b HOUR
まっきょン		voe ar print)	1	TANKENI	Month Doy	Year
de de	_		<i></i>	JACKSON	MARCH 6	IF UNDER I YEAR IF UNDER 24 HRS.
fer fer free free free free free free f	3. SI	X 4. RAC		S. DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MAN
s af		M	N :	- スームスー	04 64 YRS.	
hours after death The funeral The py the funeral The properties of			EN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
E #82	cau	(VI)		VIDOWED DIVORCED	Prince Geor	-96 W4
filled pape thin 72	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU	JTION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done	12b. XIND OF BUSINESS OR
夏 夏	0	1 .1 .1	give street oddress)	during	most of working life, even if retired.)	INDUSTRY
Tribon Tribon	1	LINTON	DINE VIEW	164rdeNS (	OVERUMENT	
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the ottending physician and completely filled at by the funeral et a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and a should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after deathed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.		LSUAL RESIDENCE (Where deceased lived, ssion) STATE	OUNTY Residence before 13	COTY OR TOWN 13d INSIDE GIT	NO THE STREET AND NUMBER	
. com		MD TO	ounty ce George 2	1 pper Malboro		
	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
be parit / X	J١	VILLAM H	LONWY JACKS	OM ANN '	`R	Brown
te :ian		WAS DECEASED EVER IN U.S. ARMED FORCE	5? 165/SOCIAL SECURITY NO.	17. INFORMANT	Address	
fica ysik pl., oil, o	١	es, no, or unknown) (If yes give war or dates of	281/VICB]			
Ph ph ove	<b> </b>					APPROXIMATE INTERVAL
ing ing	1	18. CAUSE OF DEATH (Enter only one cou PART 1. DEATH WAS CAUSED BY:		4 .0		BETWEEN ONSET AND DEATH
eat,		IMMEDIATE CAUSE	(0) CARDIA	C ARRES	<i>T</i>	
offe on,		4/20 DUE	TO, OR AS A CONSEQUENCE OF			1
the the ortice		Conditions, if any, which gove	BY PERT	ENSIVE C	ARDIONASCULA	K PISEASE
y fl	1	rise to immediate cause (o),	TO, OR AS A CONSEQUENCE OF	1		
t Signary t-		adding the phoentying couse		Sitting - Allender - 18 13		
ysigned in the state of the sta			(c) };	SCIATED TO THE TERMINAL DISPASS OF	D COMPUTION COVEN IN PART 1/-3	
phd sign and phd by a	1	PART 2 OTHER SIGNIFICANT CONDITIONS	ONIKIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE OF	KCONUTTION GIVEN IN PART 1(6)	
ing ing the to	l <sub>s</sub>	773X *				
ICIAN: The low re pital or ottending rtificate hos been af for use as the of Health prior to	CERTIFICATION	19a, DATE OF OPERATION 19b. CONDITION	N FÖR WHICH OPERATION WAS PERFÖ	RMED 20a, AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The outst	ΙĔ			YES NO [	CAUSES OF DEATH?	
the self the		210 ACCIDENT WAS UNDERLYING 216	TIME OF INJURY	21c HOW INJURY OCCURRED (En	iter nature of injury in Part 1 or Part 2, It	tem 18.)
IAN. ficat for for free	ਤ		UR A.M. Manth Doy Year	· ·	•	
Spi spi ert	MEDICAL	(If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF	P.M. 19	21f. LOCATION Street or R.F.D I	No. City or Town	County Stote
JING PHYSIC by the hospin ffer this certi be detathed State Dept of	1	21d. INJURY OCCURRED 21e. PLACE OF While Not while	OFFICE BUILDING, ETC.	ZIT. LOCATION Street of K.F.D. I	NO. City of lown	County Store
det in det		While Not while at wark				. (
trat	L	22a. I certify that (I) (this hospi saw the deceased alive an	tol) gttended the deceased	from / = 13 , 19	68, to 3-6, 19	622, that (1) (we) last
S A S S S S S S S S S S S S S S S S S S		saw the deceased alive an	3-6-196	and that in (my) (our) a	pinian death occurred on the dat	te and hour and fram the
ATTEN stained CTOR: A should iff the		causes stated obove, (I) (w	e) (aid) (aid not) view the boo	ay atter death.		
R A retre		22b. SIGNATURE	D 121.	ATTENDING PO	MED. STAFF 220 D	ATE SIGNED
be ed a	1	lefreds	( Jugens)	DEGREE PHYS.	DIRECTOR L PHYS. L	2-6-68
A A A	1	22d. PHYSICIAN'S	con on o	22e ADDRESS	10/5031 200	1
		NAME (Type)	KON OCK	IPITONE CULI	MOON MO	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-tror should be tiled with the State Dept of Health prior to burnal, creating the state Dept of Health prior to burnal, cre	23a	BURIAL, CREMATION, 236 DATE	23c. NAME OF CEN	NETERY OR CREMATORY	23d LOCATION (City or Town),	(County) (State)
H bo Single Sing	1	REMOVAL (Specify) 3-8	-68 M-	DLIVET	WACHING	
5- 5	24	FUMERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRARS	
VR A15 (4)	24	The Contraction	1/33011			m 13 mm
30M REV 1/68	16	Tallino	HUJIMA	MI RY DATEMA	R 1 1 1968 Killian	rea year





		1/	MARTIANU STATE DEPARTMENT OF HEALTH	
	100	r -	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 17
7	W)	<b>!</b>	tem 6 Film G398 3/18/68 kk CERTIFICATE OF DEATH	* "} \
	f -24		ECEASED-NAME First Middle Cult 15 Lost 2a. DATE OF DEATH Type or print) C Manth Q Doy Cye	2b. HOUR
	r death		GEORGE MIT SAMESON 3 7 68	12:60 M
	'N T	3. 5	S. DATE OF BIRTH 6. AGE (In year) (FUNDER)	YEAR IF UNDER 24 HRS.  DAYS HOURS MIN
	S B S	_	1177 WAITE 1-17-01 5664 YRS.	
	S. bours	/0 €00	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	filled paper thin 72	10	MARKELD NEVER MARKED NEVER MARK	Md.
	量量25	10. 1	give street oddress) . during most of working life, even if retired.)	IND OF BUSINESS OR
	with with with with will	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	elf Emp.
	completely fi	odm	Maryland 13b County les / Robb Islands None	
	and ren	14.	FATHER'S NAME First Middle Lost Catherine Lloyd Middle Catherine Lloyd	Lost
	icate t sician please II, and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address	
	physical phy		Tona, ar unknawn) (If you give war or dates of service) 217-05-3043 Mrs. Beatrice Simms-Sister-R	
	The purpose		TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	attending permit. The		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMATOSIS	6 MES
	affe an, an,	1	185 X DUE TO, OR AS A CONSEQUENCE OF	
	the the sit i		Canditions, if any, which gave rise to immediate couse (a), (b)	18 1005
	that ton. by the transit cremai		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	equires the physician. signed by burial-tran burial, crer	ı	lost. (c)	<del></del>
	hd ind i	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	ding ding been the ar ta	8	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED	D IN CERTIFYING
	the law requires that offending physician has been signed by is as the burial-train prior to burial, cre	CERTIFICATION	YES NO ACCORDINATION WAS FERFORMED YES NO ACCORDINATE CONSIDERED	) IN CERTIFIENCE
	I: The are of the house use alth		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, from 18.)	
	ral far far far f He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
	PHYSICIAN e haspital his certifica stached far Dept. af He	1	21d INITIRY OCCURRED 21e PLACE OF INITIRY (AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. (1ty or Town)	State
	PHYSICIAN: he haspital ar this certificate letached far u Dept. af Heal		at work at work	
	ING by t frer se d	L	22a. I certify that (1) (this haspital) attended the deceased from 11-7, 1966, to 3-9, 1968,	that (I) (we) lost
	ATTENDING stained by th CTOR: After t should be de		22a. I certify that (I) (this haspital) attended the deceased from 1/-7, 1966, to 3-9, 1968, saw the deceased alive an 3-9, 1968, and that in (my) (our) opinion death occurred an the date and be couses-stated abave, (I) (we) (did) (did not) view the bady after death.	nour and from the
	ATT Specification of the state	1	22b. SIGNATURE 22c. DATE SIGN	
	OR ATTENI be retained DIRECTOR: A ge 3 shauld ed with the		Coludu Mordle DEGREE PHYS DIRECTOR DIRE	168
			22d. PHYSICIAN'S NAME (Type) Robert J. Merkle, M.D. 22e. ADDRESS Clinton, Maryland	
	OSP NEF Ctar,	20-		(54-4-)
	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	230	BURIAL, (REMATION, 3/12/1968 236. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County Burney (Redity) 3/12/1968 St. Ignatius Cemetery Hill Top, Mary	y) (State) land
	VR ATS (4)	24.	FUNERAC DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	30M REV 1768	10	rehart Funeral Nome one La late my DATE MAR 1 3 1968 juicentes	0



<u> </u>		MARYLAND STATE DEPARTMENT OF HEALTH  JOS JUVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME 20 DATE KNOWN Month Doy Year 2b HOJR
ay s 3 ta Page int af		DEATH MATED 5 - 27 19 CATIPAN
delay and 3 ms Pa	3. 5	The state of the s
À 49	7.	1 / /YRS MARCH 30 6918 2 M
O SENS	(0)(	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED PRINCE Storees Md
the Sta	10.	CITY OR TOWN OF DEATH 120 KIND OF HOSPITAL OR (NSTITUT ON (1) not in haspital along most of working life even if street address)  120 KIND OF B. SINESS OR INDUSTRY
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Baselshauld be farwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit file pages land 2 with the Star ation, ar remayal and in any event within 72 haurs after death	130	SUAL RESIDENCE (Where decrosed I ved functioning Residence I scaling or TOWN) 13d INSDECTIVUM TS?  13b. COUNTY 1  13b. COUNTY 1  13b. COUNTY 1  13c. STREET AND NUMBER
hours Item 1 Office I and 2 after d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME Fust Middle Lost
hin 24 hours not in Item 1 niner's Office pages Land 2 hours after d		Paul Carrick Pauline Hallond
This certificate should be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's doe used as a burial-transit permit. File pages tar remayal and in any event within 72 hours as the control of the control		WAS DICEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO  17 INFORMANT  47 ADDRESS  - 6 St NW
should be executed with eward "pending" in periodical Example. The Chief Medical Example in any event within 72.	-	18. CAUSE OF DEATH (Enter only one couse per larg for (a), (b), god (c))
xecute iding: Medical Medical permit		PART I. DEATH WAS CAUSED BY  [MMEDIATE CAUSE (g)]  PART I. DEATH WAS CAUSED BY
be executive pending at Medical most permiser with		DUE TO, OR AS A CONSEQUENCE OF
be hief		Conditions, if any, which gave inse to immediate cause (a), (b) schooling and artific Selenose's
should be e ne ward "per o the Chief i burnal-transit		stating the Jnderlying cause DUE TO, OR AS A CONSEQUENCE OF
he h		(4)
This certificate ficate, writing the be farwarded to de used as a b ar remaval and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certifi arwan used c	NO IS	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
ihis cate, ye far	T FICAT	WAS PERFORMED?
IER: This certificate shauld certificate, writing the ward raula be farwarded to the Cies.  es. should be used as a burral-trishould be used and in any	AL CERT	PRIMARY OR CONTRIBUTING   HOUR A.M.   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
iNER: T e certific shauta b files. 3 should at on, ar	MEDICAL	CAUSE OF DEATH P.M. 19
	2	2 d MAJURY OCCURRED WHILE NOT WHILE AT WORK AT
AL EXA execute ir. Page i far you TOR: Pag	ı	22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection 4. Inquiry 4 and in my opinion
Se exector. Pertor. Pe		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner
JIY SICAL E		ACTUAL TO THE DUTY 1/2 CHIEF MEDICAL EXAMINER CONTROL 3-206Y
TY, Parat Sal		SIGNATURE M.D. ASSISTANT MEDICAL EXAM NER L. 220 DATE SIGNED
ssa fru me me		EXAMINER'S NAME (Type) DAYTON O WATKING ADDRESS (Street, city, town, or county) BOALLING
nece the 5 m	230	BURIAL CREMATION 23d DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) (County) (Story)
N		The state of the s
VR A15ME ISIN	24.	FUNERAL DIRECTOR YOUR STEAM TOSH TOSH TOSH TOSH TOSH TOSH TOSH TOSH
VR A15ME (5)		Stewart Funer 1 Home -4001 Benning Roads MAR 3 1968 Klientes Judge



, 1			DIVISION	MAKYLAN OF VITAL RECORDS,	301 W PRESTON			RYLAND 21201		
- Comment		3-199	DIVISION		CERTIFICATE O		, , , , , , , , , , , , , , , , , , ,		* #** ***	193
death.		EASED NAME First pe or print) Ann	a	Middle	lost John	son	2a. DATE OF		oy Year 0. 1968	2b. HOUR 7:00A M
	3. SE	Female	4 RACE	Causasian	5 DATE 0 6/24	F BIRTH . /87		6. AGE (In years lost birthday) 80 YRS	FUNDER 1 YEAR MONTHS DAYS	1F JNDER 24 HRS HOURS MIN
4 haurs	7o. B	RTHPLACE (State or fareign		WHAT COUNTRY?	B MARRIED NEVER I	MARRIED IVORCED	9. COUNTY OF	death George's		Md
	10. C	TY OR TOWN OF DEATH Cheverly	9	NAME OF HOSPITAL OR IN live street oddress) Prince Geor	STITUTION (if not in hospit	during n	nast of working	(Kind of work dans plife, even if retired.)	125. KIND OF INDUSTRY	BUSINESS OR
cuted w		JSUAL RESIDENCE (Where deceosion) STATE  New Yor	13b. COUNT		Carme 1	13d. INSIDE CITY YES	LÚMITS?   13e ST	TREET AND NUMBER  Longfel	low Driv	76
be exert and compare remain any	14. F	ATHER'S NAME FIRST	Middl	lost lost		S MAIDEN NAME	First	Middie		Lost
ificote nysician n pleos ral, and		WAS DECEASED EVER IN U.S. ARI os, na, or unknown) (If yes give to	AED FORCES? var or dates of service	16b. SOCIAL SECURITY	NO. 17. INFORMANT	Mar	raut 1	Hair	1519 Re	my of
requires that the death certificote be executed within g physician.  I signed by the ottending physician and completely filly burial-tronsit permit. Then please remave carbon or burial, cremation, or removal, and in any event, within		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause pe D BY ATE CAUSE (o) ,	er line for (a), (b), and (c)	lyed Care	cin on	atoms			MATE INTERVAL DINSET AND DEATH  ANY
at the d the offi nsit perr mation,		Conditions, if any, which gave rise to immediate cause (a),	(b)_	OR AS A-CONSEQUENCE OF	in sura 1	1 Pana	read		6 m	ently
ires th ysician. ned by rial-tro rial, cre		stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	(c)_		NOT DELATED TO THE TERM	ALMAN DISCASS OF	CONDITION CIVI	CALINI DADT 1/a)		<del></del>
iw required phing	NOI	1 1/x a	Tucio	STEEL OF	rie	AUTOPSY?		F YES, WERE FINDINGS	CONSIDERED IN C	EDTIFYING
The la r otten e hos b use as	CERTIFICATION	19a. DATE OF OPERATION 19b.  3 -V6-63 (2) 210 ACCIDENT WAS UNDERLYN	Eno Ca	Wantras fo	necessa YES	NO [	CAUSE	S OF DEATH?		
SICIAN: spitol o srificot ed for ed for	MEDICAL C	DR CONTRIBUTING CAUSE OF DEA	TH HOUR A	P.M. 1	9	· ·				Stote
G PHY the hor this ce detech te Dept	*	ot work at work		RY ( AT HOME FARM, STREET, F) OFFICE BUILDING, ETC.				y or Town	County	
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 moy be retained by the hospitol or ottending physician.  FIRAL DIRECTOR: After this certificate hos been signed by for, page 3 should be detached for use as the burial-tranial be filled with the State Dept. of Health prior to burial, are		22a. I certify that (1) (the sow the deceased of causes stated above	nis hospital) plive on	attended the deceased in the d	19 67, and that in body after death.	(my) (our) a	pinian death	accurred on the	tote ond haur	and from the
OR ATI		22b. SIGNATURE	chris	er to fact		NDING	MED. DIRECTOR	STAFF 22	DATE SIGNED	f-
PITAL I moy be read to be filed		22d. PHYSICIAN'S NAME (Type) Saul	Schwar	rtzbach, M.I		ADDRESS 1726 Eye	St., 1	W.,Washi	ngton, I	D.C.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or othending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	17	RMOVACYSpecify)	DATE L-/-6	58 Ft.	CEMETERY OR CREMATOR	Casm	4 Ca	Porder	Maria	(State)
VR ATS WILL	24	LINEBAL BILLGOR	dom	Laure	b.lm.	2So. REC'D DATE	AFK 3_	. 1968 REGISTRA	Carles	Judge



- 1					EPARIMENI OF F		Walle Glass		
		v=600	DIVISION OF VITAL RECORD		TE OF DEATH	IMUKE, MAK	YLANU 21201	4	1124
La	1. DE	CEASED NAME First	Middle	quitili juj	Last	2a. DATE OF	DEATH		2b. HOUR_
6 p	(1)	ype ar print)	Richard	Joh	nson	Marc	h Month 26, Day	19680	12:25 PM
	3. SE		4. RACE	5.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UMDER 24 HRS HOURS MIN.
1		Male	Negroid			383	85 YRS.	WOMEN ON 2	min.
	7a. B	IRTHPLACE (State ar fareign try)	76 CITIZEN OF WHAT COUNTRY?		METER INNERVIEW	9. COUNTY OF			
ļ	10 (	Maryland	USA	WIDOWED [	DIVORCED		Georges	Trai inina aa	Md
74	Cl	TY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR give street address) Prince Geo.	Gen'l Ho	spital during m	us rocking	Kind of work done fe, even if retired) an	INDUSTRY	business or
15	admi	USUAL RES,DENCE (Where decease ssian)	ed lived, if institution. Residence before 13b. COUNTY Prince Georges				eet and number 60th Aven	ue	
		ATHER S NAME First	Middle Los		NOTHER'S MAIDEN NAME F		Middle		Last
_ / ]		Frank Johns			Martha S	cott			
	16a. Ye	WAS DECEASED EVER IN U.S. ARM 85, M. onknown) (16 yes give wi	MED FORCES? Inter or dates of service)		ormant s. Ruth Jo	hnson-	wife-711		Ave.
Realth prior to burial, cremation, or remaval, and in any event, within 72	ION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE  (b)	of T NOT RELATED TO 1	Perofic Ce  HE TERMINAL DISEASE OR C		IN PART 1(0)	ess 5	y CAME.
-	CERTIFICATION	190. DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS	PEKPUKMED	YES NO X	CATICES	OF DEATH?	UNDIDERED IN C	EKIIFTING
	룡	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	H HOUR A.M. Month Day Yo	21c. HOW	INJURY OCCURRED (Enter		ın Part 1 ar Part 2,	Item 18.)	
			PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	TION Street or R.F.D. No.	. City (	or Town	County	State
		causes stated above	is haspital) attended the dece live an <u>March 26</u> ; <b>(t):c</b> (we) (did) ( <b>didport</b> ) view t	ased fram <u>Ma</u> 19 <b>68</b> , and i he bady after de	rch 22 , 196; that in <b>(arr</b> ) (aur) api ath.	8, ta <u></u> nian death a	(curred on the do	68, that ite and haur	(tk (we) last and fram the
		22b. SIGNATURE Mon	man K Both	LIC DEGREE	PHYS L D	MED.	STAFF PHYS.	neuch 2	1968
1		22d. PHYSICIAN'S NAME (Type) No.1	rman K. Bohrer M	I. D.	22e. ADDRESS Prince Geor	rges Ger	eral Hosp	ital Ch	everly.
	23a.	BURIAL CREMATION 236. I		OF CEMETERY OR CE			(City or Town)		ryland
	E		/30/68 Mt.	Olivet	Cemetery	Wash	ington,	D.C.	
88		FUNERAL DIRECTOR TO THE CONTROL OF T	ADDR	enning	2So REC'D B	Y REGISTRAR 19	68°Sb. Meddes	Man Marie	gr.
) I		CWALL /E/HIR FC	2 L COME-4UU 13	Ballin I LICI	PCCI I PMILERC	The last	III		



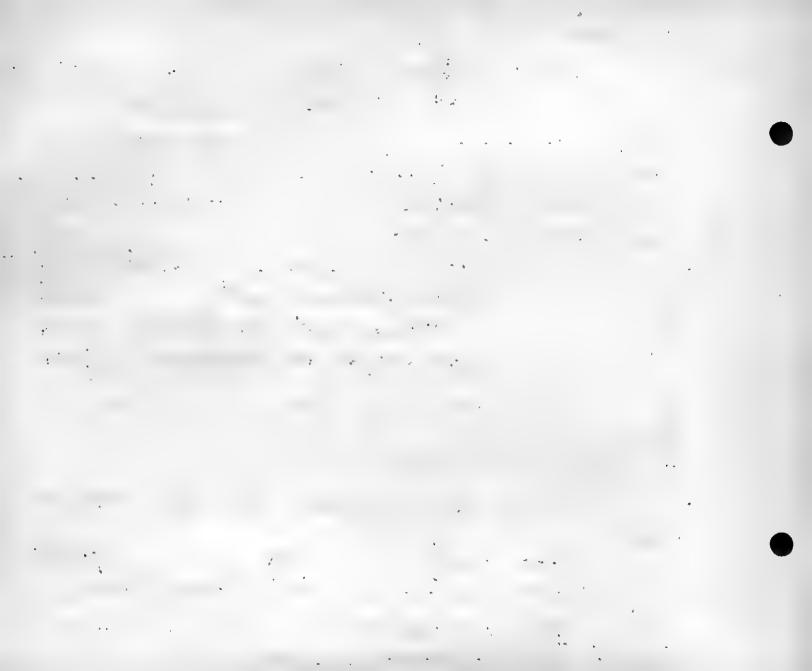
ا نسر ا		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7 1" n 1
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 117
HEALTH DEPT		ECEASED-NAME Type or Print)  OF ESTI-  ALAD  OF ESTI-	Doy Year 2b. HOUR
is to to	,	Type or Print) Thomas Villiam Jahnson DEATH MATED MATE	28 1968 M
d 3 4	3 2	International Additional Days of the Miles	2d HOUR
ny delay is 2, and 3 to PM3. Page partment of		1 1 0 march 20	Year 19 G P MT
E 67	70	EIRTHPLACE (State of foreign 176 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH.	2
form form	caur	Moyland USA WIDOWED DIVORCED Prince X	Jeorges Md
Page Vith e Sta	10	11 NAME OF HOSPITAL OF INSTITUTION (If not in hospital 120 USUAL OCC. PATION (Kind of work dane dar) a most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
er d	130	USUAL RESIDENCE (Where deceaged lived, it institutions Residence before 13c GAY OR TOWN 33 INSIDE CITY LAMITS? 13e. STREET AND NUMBER	
INER: This certificate should be executed within 24 hours after death executed within 24 hours after death should be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages I and 2 with the State feature, or removal, and in any event within 72 hours after death.	1 .	dmission) STATE 21 136 COUNTY of GO Beltwell CLES NO 11711 Mond	t gonery Rd
hourr Item Office I and 2	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncii in niner's pages hours	160	WAS DECEASED EVER IN U. S. ARMED FORCES?   IED SOCIAL SECURITY NO.   17 INFORMANT ADDRESS	<u></u>
thin mini pag		(es no, or ugknown) (If yes give wor or dotes of service) Roll F D. P. Hox (Service)	A
ould be executed with vard "pending" in pene Chief Medical Exar al-transit permit. File ony event within 72	H	10 CAMPE OF AFASTA (Company on the for (a) (b) and (c))	APPROX MATE INTERVAL
ol in it.		18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
ding ding feding		IMMED. ATE CAUSE (a) Consequence of Consequence of	10 1 years
e e e e f M ef M ef M ef M ven		Canditions, if any, which gave )	
a Para Para Para Para Para Para Para Pa		ase to immediate cause (a).	
shauld be e ne ward "per a the Chief I burial-transit I in any even		stating the underlying couse DUL TO, OK AS AFCONSEQUENCE OF	
te slata		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writing the was forwarded to the or forwarded to the used as a buring removal, and in		474X	
certifi writi arwar used mava	TON	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?,
hrs conte, voice for the form	CERTIFICATION	WAS PERFORMED?	YES NO 🗆
Thrs ficate, be fo	8	210 EXTERNAL GAUSE WAS 21b. T ME OF IN. JRY Month, Doy, Year 21c. HOW, INJURY OCCURRED (Enter nature of in Jry, in Port 1 or Part 2, H	tem 18)
NER: To certificate hould by les. Shauld I shaul	MEDICAL	PRIMARY FOR CONTRIBUTING HOUR AM CAUSE OF DEATH  PM  19  Subject hanged Self from	a true
sho	MED	21d NJJRY OCCURRED   21e PLACE OF INJURY (At home, form, street,   21f. LØCAT.ON Street or R.F.D. NO City of Town	County State
TY CALL EXAMINER:  y, please execute the certifical director. Page 4 should be retained for your files.  AL DIRECTOR: Page 3 should prior to burial, cremation,		WHILE INOT WHILE I Tactory, office building, etc.)	
CAL EXA execute or. Page of for you TOR: Page urial, cre		22a   certify that I took charge of the remains described obove, held on Autopsy (2) Inspection (4), Inquiry (5)	ond in my opinion
Ed for Series		death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner	
please ey director. I director. DIRECTO or to burned or to burned		CHIEF MEDICAL EXAMINER	7 74CV
AL P		SIGNATURE & OWN OW ALKER M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED 3-2961
		EXAMINER'S DEPUTY MEDICAL EXAMINER & 53/8 CL	unapoles &
necessary, p the funeral 5 may be re 10 FUNERAL Hearth prio		NAME (Type) DATTON OMATRINS ADDRESS (Street, city, town, or county) Beaule	usburg mo
5 g = 2 5 = 2	230	BURIAL, CREMATION 23b DATE 23c, NAME OF CEMELERY OR CREMATORY 23d LOCATION (CITY OF JOWN)	(County) (State)
	0.00	BUBIAL PARIL MUS - HOSY divide Con Colored Thomas Apports	I Mary Range
VR AT SMELLED	29	ADDRESS MIGHT PROBLEM 1968 REGISTRAN	me Junge
10M REV TYLE	1 (	10.10. (Auch 10.00 Come, 1110)	11 11 -



, <b>1</b>		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS 301 M. PRESTON STREET, BALTIMORE, MARYLAND 21201	** * {}
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 43
HEALTH DERT.		ECEASED NAME First Middle Last 2a DATE KNOWN Manth	Day Yeor 2b HOUR
v 0 € 3	1 (	(YPE OF ESTI- DEATH MATED 3	28 19 <b>68</b> M
	3 5	Y A PACE C DATE OF BIRTH IA &GE WATE F JNOER ! YEAR IF LNDER 24 MRS 2. DATE OP ON ONLINCED DEAD	2d HOUR
a de la companya de l	"	Ost bythology MONTHS OAYS MOURS Mich Month Day	Yeor (1)
PMy delay	-		196/103-11
TE D	(031	BIRTHPLACE (Stote or foreign 75. CT-ZEN OF WHAT COUNTRY? 18. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
\$ 5 P	(doi)	Vinginia (15)	orgen Md
ve Pages g with fo	10. 0	ITY OR JOWN OF DEATH II NAME OF HOSP TAL OR MIST TUTION (If not in haspita ) 423 USUAL OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
de Me de √		( herer give street address) Horses Len during most of working [fe, even if retired)	INDUSTRY U.S. GOVT
Gry Sing	13a	USAA. RESIDENCE (Where decosed lived, if institution, Residence before 33c (17 OR TOWN 134 ) 13e STREET AND NUMBER	
hours after deoth Item 18 Give Page Office olang with Iand 2 with the Star ofter death.	01	1 1 27145 A 4 9/ 110/ COUNTY / 2 104 A 4 1/2 2 1/2 1/2 1/2 A 3	our
m I fice	14 E	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Loss
hourr Item Office I and 2		Thomas Jones Minnie	
hin 24 norl in niner's pages hours	16-	Brown with a gas to	Nance
Page Poor	(Y		) To ware
Exon File	-	Yes WII WII 217-52-7604CHARLES H. / BNES Sea	prose my
should be executed with word "pending" in period Exor The Chief Medical Exorutiol-transit permit File in ony event within 72		18. CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c))	APPROX MATE MIERVAL BETWEEN ONSEJ AND DEATH
executed nding! Medical permit permit within		PART I DEATH WAS CAUSE (a) Comon Thrombusse Few	mutes
exe ndi Me nt		4/29 DUE TO, ORYAS A CONSEQUENCE OF	
be "pe ief ief eve		Conditions, if any, which gave) (b) orongen Heart desence	48111
2 g 5 g		rise to immediate cause (a) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief, buriol-transit		lost Value bluestying course	
to to but divided		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficate ing ti ided os o 1, and		PACE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEFINE BOT NOT RECEIVED TO THE SERVINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
ard and vol.	NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
certifi , writi orwar used movol	KAT	WAS PERFORMED?	
KAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the word "pending" in pencil in Item 18 Give Pages 94 should be forwarded to the Chief Medical Examiner's Office olang with forwar files oge 3 should be used as a buriol-transit permit File pages I and 2 with the State cremation, ar removal, and in any event within 72 hours after death.	MEDICAL CERTIFICATION		YES NO Z
VER: This certificate hould be fals should be transcentilles.	100	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II PRIMARY OR CONTRIBUTING HOUR A.M.	iem 18)
NER:	120	CAUSE OF DEATH P.M. 19	
	弄	21d INJURY OCCURRED 21e PLACE OF NURY (At hame, form, street, 21f, LOCATION Street or R.F.D. Na. City or Town	County Stote
XAM rte th ge 4 your Poge crem		WHILE NOT WHILE   factory, affice building, etc.)	
se execute the certicate Poge 4 should ned for your files ECTOR: Poge 3 should buriol, cremotion,		22a   certify that I took charge of the remains described above, held an Autapsy , Inspection 4 Inquiry 4	and in my opinion
ICAL E executor Poleofor Poleofor CTOR: 5		death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner	
director estained DIRECTO			
pleose e retained DIRECT Or to bu	i i	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	riektro
ury, pleose erol direct be retain RAL DIRE		SIGNATURE MD ASSISIANI MEDICAL EXAMINER	JONED - ( (
		EXAMINER'S DEPUTY MEDICAL EXAMINER	all Rd
O DEPL necesso the fun 5 moy O FUNE Health		NAME (Type) DA-170N () MATICIN STDRESS (Street, CHY, born, or county)	aure mid
5 5 5 5 × 5 × ×	23a	BUR AL, CREMATON, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caunty) (State)
()		REMOVALISMENT 4/1/68 Cedar Hill Cemetery Suitland, Md.	
Q.A.	24.	FUNERA, DIRECTOR Nalley's Funeral ADDRESS It Rainier 250 RECOBY REGISTRAR 256 REGISTRAR 256 REGISTRAR 250 RECOBY RECOBY REGISTRAR 250 RECOBY RECOBY REGISTRAR 250 RECOBY R	SIGNATURE
VR A15ME (5)		Home Incalley's Funeral Maryland DAR DE 1968	was Junger

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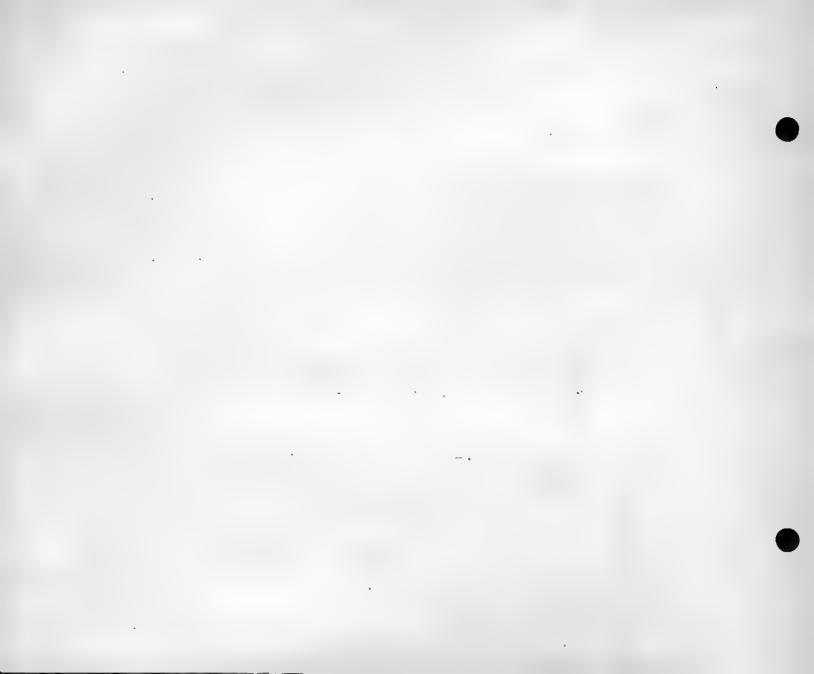
	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	×
		04603 CERTIFICATE OF DEATH	t > 6
= -2=		DECEASED NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
24 haurs after death in the funeral pages. Pages introduced for the funeral pages.	. '	(Type or print) Charles Rubert Jones Month Doy	968 135M
in in the second	3 51		DER 1 YEAR OF JINDER 20 HRS IS DAYS HOURS MIN
urs aff		Male White Dec. 18, 1900 G7 years	3 0413 20063 898
by the Page		DEIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 5 5 E	19	Germantown, Md. U.S. H. WIDOWED DIVORCED Prince Georges	Md.
	10.	D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired )  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired )	KIND OF BUSINESS OR
# > 8 m	G	Glen Dale Box 114 Prospect Hill, Rd. Foreway (1)	DUSTRY Gove t
blet car	13o.	VIATO ACCUMENTATION ACCUMENTS	
l even	_	Manufand Prince Georges Glen Dalk & Box 114 Prospect	Hill Road
and on any	14.	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
Se r	L	William L. Jones Annie	Miles
e death certificate be executed will attending physicial and climpletely lemit. Then please remave carban, ar removal, and in any event, where the state of the s		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give wor or dotes of service)  Very service wor or dotes of service)	ect Hill Rd.
phy en con con con con con con con con con co			aruland
e He He		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
attendi attendi amit.	3	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronery occlusein, and	nimets
atte data		DUE TO, OR AS A CONSEQUENCE OF	
# # # # #		rise to immediate couse (a). (b) Advanced and Constant (b)	years2
trar crei	4,	stoting the underlying couse DUE TO, OR AS A CONSQUENCE OF	Tipe
physician. signed by the burial, cremat	1	lost (1) Generalizated or Knowlesses	gen
aba bing 'S		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	V
ding the trace	8	AND THE CONDITION AND CONDITION OF CONDITION AND CONDITION	FDFD ALL SPOTISHING
ten ten de la	৸ৢ৾৾	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?	KED IN CEKTIFTING
ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be retained by the haspital ar attending physician.  RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filting and should be detached for use as the burial-transit mermit. Then please remave carbon positied with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within the state Dept.	CERTIFICAT	YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	0.3
al al al for Hear			8.]
Spit spit spit sed eed af	MEDICAL	Tiff either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Cou	-1 54-4-
DING PHYSIC by the haspi (frer this certi be detached State Dept. of	1	21d INJURY OCCURRED While Not while of work Not	unty Stote
5 = = = //o	1	at work of work 1	that (IV (voc) last
Afte be Steel	1	22a. I certify that (1) (this haspital) attended the deceased fram, 1966, ta, 1968 saw the deceased clive an, ond that in (my) (our) opinion death occurred on the date or causes stated abave, (1) (we) (did) (did not) view the bady after death.	_, mur (i) (we) lust
ATTEND ATTEND CTOR: A should I vith the S	1	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	10 11007 0110 110111 1110
A B D S S S S S S S S S S S S S S S S S S	1	22c, DATE S	
De J	П	None Kur & h D DEGREE PHYS MED. STAFF D STAFF BHYS. 3	11/68
ral ol may be nay be page e filled	ı	22d. PHYSICIAN'S NAME (Type)  A CONTROL KINE TO B  22e. ADDRESS  A	11
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  O TUNERAL DIRECTOR: After this certificate ham been sigmed by director, page 3 should be detached for use as the burnal-transhauld be filled with the State Dept. af Health priar to burial, and		N. Junes Nutre, D.	<u> </u>
<b>오 등 호 호 호</b>	230	PEMOVAI (Specify)	υπίγ) (Stote)
5-52	- E	COUNTAINS PROJECT TOKENT VOK CEMETERY VIGATHERABURG GR	land
VR A15 (4) 30M REV. 1/68	300	The respect consists of the live I would live I would live I would live I	The state of the s
SUM KEV. (768	W	Varner E. Pumphrey, Inc. Silver Spring Md DAKAR 8 1968	



1	l	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME   First   Middle   Last   20 DATE KNOWN   Manth Day Year 2b HOUR   (Ype or Print)   First   Middle   Last   20 DATE KNOWN   Manth Day Year 2b HOUR
" N S O B 1 5 1	(1	COSEPH NEEDCORGENSEN DEATH MATED 1 3 25 1968 M
deloy	3 5	AND A SALES AND ADDRESS AND AD
y del		Manth 25 20 07 6 OYRS MONTHS DAYS HOURS MAN Z Manth 25 Day Year 19 C 17 8 M
		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 9. COUNTY OF DEATH
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hin 24 noth in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 106 SOCIAL SECURITY NO 17, INFORMANT ADVRESS 0
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rd with per line per		18 CAUSE OF DEATH (Enter only one couse per Attentor (a), (b), and (c))  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
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exe ndir Me pe nt v		DUE TO, OR AS A CONSEQUENCE OF
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certificate shauld be executed , writing the word "pending" in orworded to the Chief Medical E used as a buriol-transit permit. F movol, and in ony event within	ATIOI	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
This certificate shauld be executed within 24 hours after death icate, writing the word "pending" in penal in Item 18. Give Pages 1, be forworded to the Chief Medical Examiner's Office along with form 18 be used as a burial-transit permit. File pages land 2 with the State Learn removal, and in any event within 72 hours ofter death.	CERTIFICATION	WAS PERFORMED?
<u>+ _ 0</u>		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.)
INER: Te certifice should b files. 3 should boat an, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19
MIN the 4 4 shour fill or fill e 3 s	WEI	21d INJURY OCCJRRED 21e PLACE OF MUJRY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
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		220. I certify that I took charge of the remains described above, held an Autopsy 9, Inspection 1, Inquiry 1, and in my opinion
ICAL   exector Properties   Portion Properties   Po		death resulted fram: Natural couses , Accident , Suicide , Homicide , Undetermined monner
pleose directi directine retoine		CHIEF MEDICAL EXAMINER
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o DEPUTY necessory, pl the funeral of S may be re o FUNERAL I Health prior		NAME (Type) DATONO MATICINES ADDRESS[Street, cty, tawn, ar county) 3 & amount of take of the
70 He He He	230	BURIAL, CREMATION, 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Towns)
(	1.	REMOVAL (Specify) 28 mar 1968 Baltimore Pational Baltimore, Maryland 72
Min.	24	FUNERAL DIRECTOR 256 REGISTRAR SCALENATURE
VR A15ME (5) 10M REV 1/68	1	V. W. Chambers Co. Tunerant, 7/16/ DATE LDR 1 1968 yours



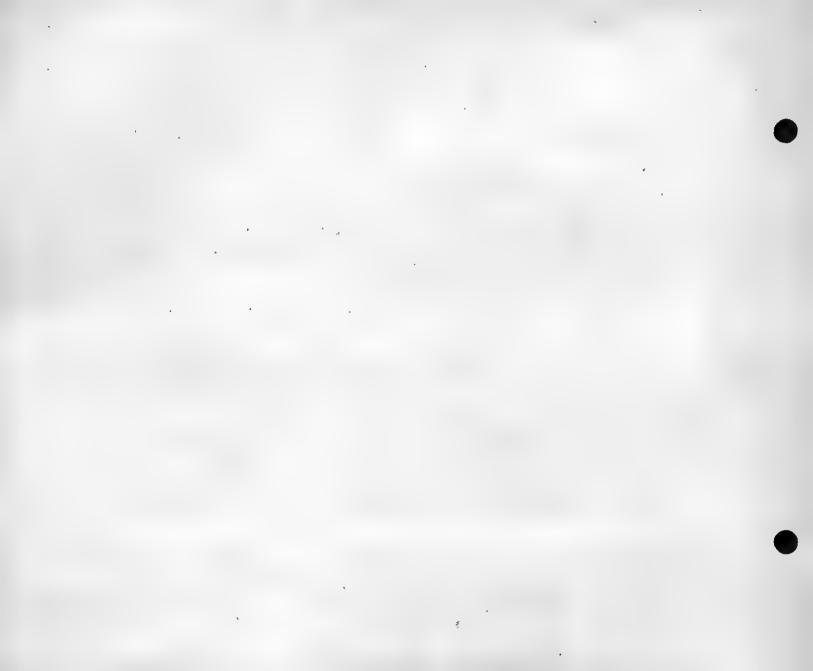
ا سير	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		•= 605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT		PECEASED NAME First Middle Lost 20 DATE KNOWN Call Month	Doy Year 2b HOUR
af age		Mabel W Jovce DEATH MATED □ 3-'	7-68 19 8:40amm
etay nd 3 3. Po 3. Po hent	3. 9	less birthday) MONTHS DAYS HOURS MIR Month Day	Zd. HOUR
any detay is 1, 2, and 3 ta en		emale   White   12 April 1883 84 YRS     3 7	68 19 8 4 Oam
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haurs after death of them 18. Give Pages 1, Office along with form land 2 with the State Deather death.	10. (	LIT OK TOWN OF DEATH IT. NAME OF NOSPITAL OK INSTITUTION (IT NOT IN NOSPITAL VICUALION (KING OF WORK ORNO	12b. KIND OF BUSINESS OR
dec re Pr with	1 a	during most of working life, even if retired)  Prince George Hospital during most of working life, even if retired)  heverly Prince George Hospital	INDUSTRY self
s after 18. Giv. alang	13a	LSUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE OIT LIMITS? 13e, STREET AND NUMBER	
18 ce a 22 w 22 w 7	-	denission) STATE Riverdale YES NO 5900 61st. Ave	
	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Joseph Walemeyer Ann Rebecca Hard;	Last
nin 24 niner's niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	J
penc amir e po e po	0	(es, no, or unknown) (If yes give wor or doles of service) Mary R Boniger Riverdale, Md.	
TY SICAL EXAMINER: This certificate should be executed with please execute the certificate, writing the ward "pending" in persal director. Page 4 shauld be forwarded to the Chief Medical Example of your files.  **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72.	Г	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecuti ling" edico ermi		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia	
e ex pend ef Me sit p		DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave	
Id by Chie		rise to immediate cause (a), (b)	
should be executed no ward "pending" is the Chief Medical burral-transit permit.		stating the underlying couse Due 10, OR AS A CONSEQUENCE OF	
the ship the difference of the ship the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffica nting arde d as at, c	l <sub>S</sub>	Fracture of the left humerus 2-28-68	
ceri orwi usec	S	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
INER: This certificate e certificate, writing the shauld be forwarded files.  3 should be used as a sation, an remayal, and	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, It	YES NO 🔀
R: ertifi ould an, a	ISI	PRIMARY OR CONTRIBUTING HOUR A M. 2-28- 19 68 Fell at home	
AINER: he cert shauld shou natian,	MED.	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. No. City or Town	County Stote
L EXAN ecute 1 Page 4 or yaur R: Page		WHILE NOT WHILE STORM (Storm of fice building, etc.)  AT WORK AT WORK AT WORK AT HORE Same as #13	
o DEPUTY SICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 shauld 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 shou Health prior to burial, cremation,		22a I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry 2	
O DEPUTY SICA Incessary, please extra funeral director. S may be retained of FUNERAL DIRECTOR. Health prior to bur		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
please direction of table or table		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 226. DATE	SIGNED
UTY any, per be pri		SIGNATURE MEDICAL CONTROL OF THE PROPERTY OF T	XXX 3-8-68
o DEPUTY necessary, the funera 5 may be 0 FUNERAI Health pri		NAME (Type) John Kehoe MD Riverdale Md. ADDRESS(Street, city, town, or county)	
5 ± 5 5 ±	230	BURIAL CREMATION / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town)	(County) (State)
	21	Burial / March 9, 1900 Mt Ulivet Cemetery ashington	D C
VR A15ME (5) 10M REV, 1/68	24	F. Gasch's Sons Hyattsville, Md. DATE MAR 1 2 1968	SIGNATURE VALLES



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Amount	16 2		3.2886 T		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
all V	UVI	) [			CERTIFICATE OF DEATH		04600
=	-2=		DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	Zb. HOUR
death	uneral i and r deat		(Type or print) ANNA	P.	KELLER	Month Doy	168 7191M
<u>_</u>	- a	3.	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS.
5	Pages urs aff		FEMALE	WHITE	DECEMBER 30,	1881   lost birthday) YRS. 7	MONITS OKTS FROMKS MIN
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exe	and c remo	14.	FATHER'S NAME First	Middle Lost	15. MOTHERS MAIDEN NAME FI		Lost
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9	the attending phys nsit permit. Then p matian, or removal,		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)			APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
100	or re	1	PART I. DEATH WAS CAUSED I	CAUSE (6)	A		91010
e q	atte pern an,		4	DUE TO, OR AS A CONSEQUENCE OF			1 ml
<del>-</del>	the nati		Conditions, if ony, which gove a rise to immediate couse (a),	(b) 6 6 A.			4 4 2-0 ,
tha t	tran cren	$\perp$	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	SCLEROSIS - GA	NOBBINES	1=100
res	pnysician. signed by the att burial transit pen burial, crematian,		iost	177			1/1-11/25
PHYSICIAN: The law requires that the death certificate be executed within			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(o)	/
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<u> </u>	has been the let be let	CERTIFICATION	190 DATE OF OPERATION 19b. CC	INDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	e has b use as uth pria	<b>∀</b>			YES NO		
AR.	ne naspiral or at this certificate ho letached far use Dept. af Health			21b. TIME OF INJURY HOUR A.M. Month Dov Year		noture of injury in Port 1 or Port 2, It	em 18.)
		MEDICAL	(If either, notify medical examine	r) P.M. 1	9		
¥.	by the haspi liter this certi be detached State Dept. a	2		LACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	det det		While Not while at work of work	1 2 1 2 2 1 1 2	19/3	10 hitechi / 19	P
NA S	Star Star		22a. I certify that (I) (this sow the deceased aliv	hospitol) ottended the deceos	ed from, 19, 19, 19, ond that in (my) (our) opin	nion death occurred on the dat	e and have and from the
N N N	# Ped			(I) (we) (did) (did not) view the		nan deam occurred an me adi	e and had and nom me
	ECTOR: A shauld with the		22b. SIGNATURE	1 11 0		CD CTACE	ATE SIGNED
OR ATTENDING	DIRECTOR: After 3 should be a led with the State led with the State	-1	12-0624	Mexim	DEGREE PHYS D	ED STAFF D STAFF	-P-6+
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TO HOSPITAL	rog 4 may be maned  O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		NAME (Type) 100 NG	EJ S. FLEIS		10:665 1001,189	17 1 SVILLER
5	Page 4 m  D FUNER/ director, shauld b	23	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d LOCATION (C ty or Town)	(County) (Stote)
2	5 <b>5</b> ⊕ ₽				livet Cemetery	Washington D	
	VR A15 (4)		F. Ga sch	ADDRES		Y REGISTRAR SESSE REGISTRAR'S S	GNATURE
	30M REV 1/68		r. Ga scn	is sons matts	ville, Nd. DATEMAK	1 1 1300	

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·7 1	MAKTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	511
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b HOUR
100000	(Type or Print)  Joseph William Kidd DEATH MATED 3-17	-68 196:25pmm
	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF JINDER 1 VEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
a a la	Male White 12-19-05 62 YRS MONTHS DAYS MOURS MIR Month Day 17	68 19 6:30pmm
ny deloy 1, 2 and m Pus p	70 BIRTHPLACE (State or fore gn 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
t to the	DISTRICTOR OLUMBIA U.S WIDOWED Prince George's	Md
Pog vrth		NDUSTRY NEWS
offer death  8. Give Pages along with fa with the State eath.	Riverdale IEland Memorial Hospital TRINIER   136 USUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c. CITY OR TOWN   3d INSTITUTE   13e STREET AND NUMBER	DAILY NEWS
	odmission) State (Mac detection of the Country Countr	Drive
thours tem 1 Office	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
	WILLIAM KIDD JULIA KENDRICK	
hin 24 not in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	45#13
d be executed within 24 d'pending in pencl in Chief Medical Examiner's transit permit File pages y event within 72 hours	(185, no, of Jakagam) (Hyes give wor or doles of service) 577 090103 MARGARET ALICE CIBD SAME	
ecuted ing in edical E ermit F within	18 CAUSE OF DEATH (Enter any one cause per line far (a), (b) and (c) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding' Medical permit it withii	AWWEDIATE CAUSE (a)	minutes
be executed 'pending' in itef Medical E ansit permit Fevent within	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
vord ' vord ' ne Chie ol-tran	rise ta immediate cause (a), (N)	
2 7 = 12 -	stating the underlying couse   Dut TO, OK AS A CONSEQUENCE OF	
m ± ← _ ⊃	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
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ns certific ite, writin forword oe used a removal,	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNA. CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	20. AUTOPSY?
p e d	21a EXTERNA. CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Ite	YES NO 3
		m 10 )
INER e ce shot files 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. No. City or Town	County State
EXAMINER: ute the cert age 4 should your files. Page 3 should tremation, cremation,	WHILE NOT WHILE AT WORK AT WORK AT WORK	
	22a   certify that I toak charge of the remains described obove, held an Autopsy   , Inspection   , Inquiry	ond in my opin an
olcal E director Po director Po stoined for DIRECTOR:	death resulted fram Natyro causes 🔯 , Acciden 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [	_ ' '
pleose e director retoined or to bu	CHIEF MEDICAL EXAMINER	
무 무 그 유	ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 22b DATE S	
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o DEP necessor the fun 5 may 0 FUNE Health	Tally of the late	(Caunty) (State)
	BURIAL 21MAR 1968 PATE OF HEAVEN WHEATON, MA	RYLAND
4.81	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR 5 S	GNATURE
VR A15ME (5) 10M REV 1, 68	W. W. ChAMBERS CO. RIVERDALE, MD, DATEMAR 2 2, 1968 POLICE	Con Janger



, ,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
of sections	CERTIFICATE OF DEATH	
deoth deoth	CEASED-NAME First Middle Lost 20 DATE OF DEATH Month 3 Day 2 Year 11.	UR C
frurs after death p by the funeral rs. Pages I and hours after death	Male  4. RACE White  5. DATE OF BIRTH 4/29/93  6. AGE (In yeors ligunous) Figuro DAYS HOURS (++ VRS)  Wonths DAYS HOURS	MIN
d ip by Seers. P	ARTHPLACE (Stote or foreign Penna.    7b CITIZEN OF WHAT COUNTRY?    8 MARRIED NEVER MARRIED    9. COUNTY OF DEATH   9. COUNTY OF DEATH	Md
within within	ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working ite, even if retired)  Riverdale  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  Ret. Printer  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  Ret. Printer  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)  120. USUAL OCCUPATION (Kind of work done during most of working ite, even if retired)	R
omplete	USUAL RESIDENCE (Where deceased lived, if institution: Residence before sisten) STATE FID 13b. COUNTY PG COLLEGE PAYEST NO 4501 B Knozi Road	
be exe	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Alice Sowers	
nificate hysician pleas	WAS DECEASED EVER IN S ARMED FORCES? es rio, or unknown)   (if yes give wor or dates of service)   WW1   17 INFORMANT   Gladys B. Kling Same as #13 (wife)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 figure after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled ip by the fundirector, page 3 should be detacted for use as the burial-transit permit. Then please remove corbon pagers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state Dept.	18 CAUSE OF DEATH (Enter only one couse per line for (af. (b), ord (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Stating the underlying couse (c)  Stating the underlying couse (c)  Stating the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SEPERATION WAS PERFORMED  190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES \( \)  NO (1)  210. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  2110 ACCIDENT WAS UNDERLYING  190 CAUSES OF DEATH?  2121 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Herm 18)  191 TIME OF INJURY (AT HOME FARM, STREET FACTORY)  2131 INJURY OCCURRED While North while of the power o	te te
VR A15 [4] 30M REV 1/68	FUNERAL DIRECTOR  ADDRESS  rancis Gasch's Sons Hyattsville Maryland  ADDRESS  DATE MAR  DATE MAR	*
	Tancis Gasen's Dons Transville	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR 68<sup>Yeor</sup> haurs after death (Type or print) Month Kimberly Dov KNIGHT Renee 10 MARCH 1:43PM S. DATE OF BIRTH IF DINDER 24 HRS 3. SEX 4 RACE 6 AGE (In years IF LINDER 1 YEAR affer CAUCASION 9 MARCH 1968 FEMALE lost birthdoy) DAYS HOURS MONTHS YRS requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign B. MARRIED [ NEVER MARRIED [4] campletely filled in ave carban papers. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 has a shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 has country) MARY LAND PRINCE GEORGE'S COUNTY U.S.A. DIVORCED [ WIDOWED [ Md. 11. NAME OF HOSPITAL OR INSTITUTION (Lines in hospital of give street oddress) MALCOLM GROW USAF 120 USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY ANDREWS AF BASE HOSP. 136. ESUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 36 INSEDE CITY LIMITS? 13e STREET AND NUMBER 9515 Livingston Read odmission) STATE MARYLAND 136 COUNTERINGE GEORGES OXEN HILL YES 14. FATHER'S NAME 1S MOTHER'S MAIDEN NAME First Middle First Middle Lost KNIGHT Odell Sharon RYAN Troy Lynn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Troy O Knight, 9515 Livingston Road APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: MACCTVT AT BETWEEN ONSET AND DEATH MASSIVE ATELECTASIS OF LUNGS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSPOUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES X NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (K (this hospital) attended the deceased from 9 Farch 1968, to 10 March 1968, that (I) (we) last saw the deceased alive an 10 March 1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did tox) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS ATTENDING MED. DIRECTOR 10 March 1968 DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) WILLIAM E. PALMA Malcolm Grow USAF Hosp, Andrews AFB, Md. USAF .MC 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BUR-AL, CREMATION, Virginia. Arlington National Arlington BENDYAL (SPECIFY) 8-12-1968 FUNERAL DIRECTORO Dert E. Wilhelm Funeral Home 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 4308 Suitland Rd Suitland Maryland Killian March and March an 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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FOD STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. P 33 44
FOR STATE	1. DECEASED NAME First Middle Lost 20 DATE KNOWN DO Month D	Doy Year 2b HOUR
MEALIN DE N	(Type or Print)	-68 191:20am M
Poge	3 SEX LA PACE IS DATE OF RIGHTH 16 AGE to warrs I IF UNDER 24 HRS. 24 DATE PRONQUINCED DEAD	2d. HOUR
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E ~/ - B/	70 BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OG J.HOGH
	(OUNTY) Md. WIDOWED DIVORCED Prince George's	Md
	1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 1)	25 KIND OF BUSINESS OR
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rs a 18 18 18 2 w 2 w	Naryland Prince George's Camp Springs YES NO 5213 Hill Place	;e
hours Item 10 Office Iond 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  John W Leatherbury Sr Mable Powell	Last
nould be executed within 24 word "pending in penal in the Chief Medical Examiner's rial-transit permit. File pages n only event within 72 hours	(Yes, no, or unknown) (If yes give were or dotes of service) (If yes give were or dotes or	nings Md
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is certific te, writin forword te used os	196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21d EXTERNAL CAUSE WAS  21b TIME OF NJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Hen	2D. AUTOPSY?
his e fe	THE WAS LINDWILLS	YES 🔀 NO 🗂
= 2 0		
INER: e certif should files. 3 should	PRIMARY OR CONTRIBUTING 1:20am 3-21- 1968 Passenger of helicopter which crass of delicopter whic	County State
	factory office building etc.)	,
SICAL EXAMINER: blease execute the certification. Page 4 should etained for your files. DIRECTOR: Page 3 should to buriol, cremation.		
AL Second For Port For TOR:	220   certify that I took charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X), death resulted from. Matural causes (I), Academ (X), Suicide (I), Hamicide (I), Undetermined manner (I)	
please ey I director. retained DIRECTO or to bur	CHIEF MEDICAL EXAMINER	_1
	ACTUAL ACCIONANT MEDICAL EVANUATION 72% DATE SI	GNED
		21-68
o DEPUTY necessary, p the funerol a 5 may be re 0 FUNERAL Heelth prio	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BUR AL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATIONY 23d LOCATION (City or Town)	County) (State)
1	Buriof Mar 23, 1968 St James Episcopal cemetery Tracy's Landing	
69	F. Gasch's Sons Hyattsville, Md. 250 RECU BY REGISTRAR 250 REGISTRAR 5 SI	GNATURH
VR A15ME (5)	F. Gasch's Sons Hyattsville, Md. DATE MAR 2 6 1968	U



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FOR STATE	-	/15/68 kk MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1 ) . )
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es 1 farin farin	caur		DOWED DIVORCED Prince George	M
This certificate shauld be executed within 24 haurs after death any delaying the word "pending" in penal in Item 18 Give Pages 1, 2, and 3 to be farwarded to the Chief Medical Examiner's Office along with farm. PM3 Page I be used as a burial-transit permit. File pages I and 2 with the State Department of air remayal, and in any event within 72 hours after death.	10.	Oxon Hill give street address) And rews	during most of working life, even if retired.)   Housewife	126 KIND OF BUSINESS OR INDUSTRY
haurs afte Item 18 Gi Office alan Iand 2 with after death	0	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c of 13b. COUNTY Prince George	Oxon Hill YES NO 1 7414 Doris Dr	rive.
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AM e th aur age rem		WHILE NOT WHILE I foctory, office building, etc.)	Same as above	2.0.0
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ssor fune ay b iner		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, tawn, ar caunty)	-68
ro DEPUTY necessary, p the funeral S may be r TO FUNERAL Health prec	230		RY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
= =====================================	250			(signs)
	24	UNERAL DIRECTROPERT E. Wilhelm Funerapar Man		IGNATURE
VR A15ME (5)		308 Suitland Road, Suitland, Marylan	DATE MAR 1 3 1988 /Ches	William Manageria



15		010 T	DIVISION OF VITAL RECORDS	301 M ESECT	'ARIMENI OF HEA ON STREET, BALTIMO	RE_MARYLAND 21201	
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vithin 24 son pape within 72		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR ING give street address) LCLAIC INCM	TITUTION (If not in h or <b>å</b> al Ho	ospitol 12o, USUAL OF	CUPATION (Kind of work done f warking life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
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Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating.		22d. PHYSICIAN S NAME (Type) Donal	R. Rurdie		ATTENDING MED. PHYS. 22e ADDRESS Riverdale	OR PHYS.	ATE SIGNED 3-68
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VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR William A. F	ADDRESS Action	istrator	250 RECD BY RE	GISTRAR 25b. REGISTRAR'S	



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naurs affer death		ECEASED-NAME First Type or print) Lula	Middle P.	Little Lost	20 DATE OF DEATH 3 Manth 27 Day 6	8 Year 26 HOUR 6 5 AM
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		22b. SIGNATURE	House	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. D	E SIGNED
1		22d PHYSICIAN'S NAME (Type)	. J. HOUMAN	N M.D 22e. ADDRESS	RIVERDALE 1	LD .
R	L	SREMOVAL (Specify) , 30	7 Mar. 1968 Wash	of CEMETERY OR CREMATORY	n Suitland M	(County) (State)
15 (4)CC V. 1/68	24 1	FUNERAL DIRECTOR Karn	ben Co. River	clale, Mid DATE	APR 1 1968 REGISTRAR'S SIG	les Judge



1 miles			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		
		11: St4		CERTIFICATE OF DEAT	H	304
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unerof 1 and 2			1/11/ 54	1-64-49	March	5-1968
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D HOSPI Page 4 n ) FUNER director, should b	<b>2</b> 3a	BURIAL, CREMATION, 23b	/ /	F CEMETERY OR CREMATORY	23d LOCATION (City ar Tawn)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH



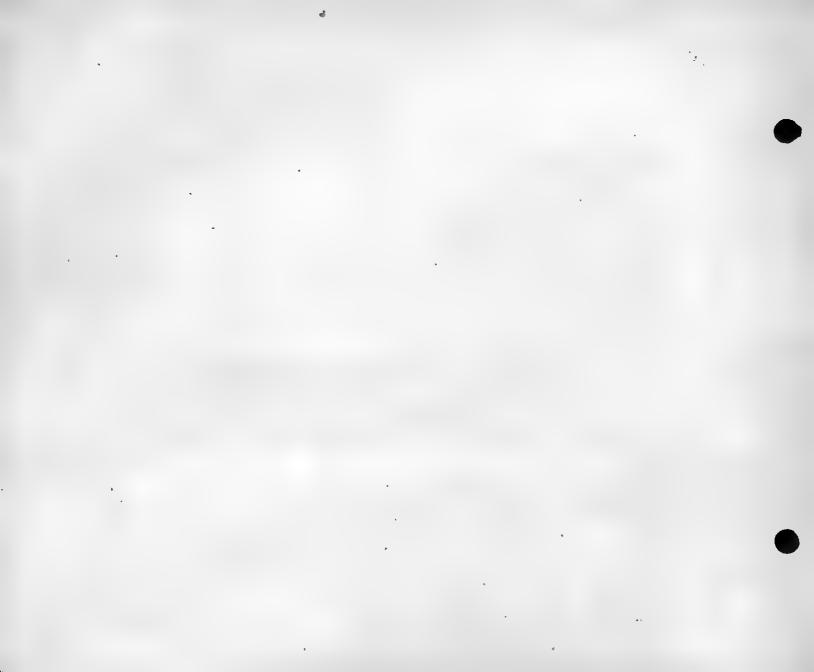
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATES		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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l within 24 in pencil in Examiner's File pages in 72 hours	(11	as, no, ar unknown) (if yes give war o dates of service)
be executed with pending in pending in pending in peniet Medical Exarmisis permit. File event within 72		APPROXIMATE INTERVAL
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11.		CE616 DIVISION OF	VITAL RECORDS, 301 V	V. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
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PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. The certificate has been signed by the attending physician and campletely the stacked far use as the burial transit permit. Then please remave carban pept, of Health priar to burial, crematian, or remaval, and in any event, with	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHIT	CH OPERATION WAS PERFORME		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
AN: The la al or atten icate has b far use as Health prio	E	DI ACCIDENT MASS (INDERNIAND)	NAME OF THE PARTY	YES NO	J	
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Spite Spite ed – ed – of	MEDICAL	(If either, natify medical examiner) P.M	19			4
G PHYSIC the hospi this certi detached	1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (	OFFICE BUILDING, ETC.	P.I.F. LOCATION Street or R.F.D. No.	. City or Town	County State
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IDING J by t After J be c	П	22a. I certify that (this haspital) atte	nded the deceased troi	and that in (my) () and	inian death accurred on the da	te and hour and from the
TEN In ed the		causes stated abave, (I) (we) (did)	view the bady o	fter death.	illian deall occurred an the da	te did nobi ond ridin inc
OR ATTENDING be retained by th NIRECTOR: After t e 3 should be de ed with the State		22b. SIGNATURE	FAA	ATTENDING	ASD CTASS 22c. [	DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial transhauld be filed with the State Dept. of Health priar ta burial, creating the state Dept.	_			, ,	INTON, SYLL	
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ed v in l in Ex it. Fil		18. CAUSE OF DEATH (Enter of	nly one couse per l	me for (o), (b), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	7-17-68 mt Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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VO ALEKE VOLT	25 REG STRAR'S SIGNATURE  ADDRESS  DATAPR 3 _ 1968  STRAR'S SIGNATURE  DATAPR 3 _ 1968
10M REV 1	W.W. CHAMBERS O RIVERDALE MD DATAPR 3_ 1968 FULL FOR STATE OF THE PROPERTY OF



· · · · ·	- Jan 35.	Ιt	em 18 Fiom 402 7-17 MARILAND STATE DEPARTMENT OF HEALTH	
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writ	sed	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This circate, be for	be used	CERTIFICATION	WAS PERFORMED?	YES NO
ifice T	io o	9	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Itel	m 18.)
Certif	should stion, or	MED CAL	CAUSE OF DEATH P.M 19	
the 4 st	- m 5	至	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while more while foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: execute the cert for. Page 4 should			AT WORK AT WORK	
AL 1 xeq	be refolled for RAL DIRECTOR: I prior to buriol,		220. I certify that I took charge of the remains described above, held on Autopsy Inspection I Inquiry	
Se e	ECT of the control of		deoth resulted from. Notural couses 🔲 , Accident 🔲 , Suicide 🗋 , Homicide 🔲 , Undetermined monner [	
pleose	DE C		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	lourn
TT.	RAL PFH PFH		SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL D	6
D DEPUTY necessory, the funeral	moy be retoined FUNERAL DIRECT caith prior to bu		NAME (Type) DAYTON NATICINS ADDRESS(Street, city found in Sometime of a	Lin Pol
	o FUNER O FUNER Health	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CONTROL TO TOWN	Kaunivi (State)
-	-		18 OR SPECIAL IAPRIL 1968 BALTIMORE NATIONAL RAITIMORE	MARVIAND
	17/1	24	FUNERAL DIRECTOR ADDRESS J 250 REC'D BY REGISTRAR 256 REGISTRAR'S SI	GNATURE
	A15ME (S)		NINCHAMBERSCO, SINERDALE MD DATE ADR 3 1968 JOHN	la ymogue
	¥			



1~	MARYLAND STATE DEPARTMENT OF HEALTH
(1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- / * 婦似	G4620 CERTIFICATE OF DEATH
funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission at COUNTY b. COUNTY
을 불운 여년	Private Savios ( MARYLAND STATE M
dea dea	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  write RURAL and give neerest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
hin led in sges is	Duitland, Md. Duitland Md.
d within ally filled is Pages hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARA
red y ers.	3. NAME OF FIRST Middle Last 14. DATE Month Day Year
executed executed completely by Papers.	DECEASED OF
e be exec carbon p	105cl
f ) = 2.0.4/	lest birthdey) Months Days Hours Min.
So we certificate to they sician an remove car any event?	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTI
Certificat physician president	done during most of working life, even if retired)
- Han	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. O. T.
* 48 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Stepley Mills Maethin Ille Gambon
the aftern Then 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or whkows) (Hyasgive war or deles of service)
	NO 234-01-7223 DIXIE RITEROUR Suit lited, Md.
	18. CAUSE OF DEATH JEnter only one cause per line for (e), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
requires h physician gned by t nsit permit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Te to the condition of th
	410.9 DUE TO
Ch. L. The law altending as been siburial-tra	Conditions, if any, which (b)
The Traffence has been burial creations	(a), stelling the underlying DUE TO
+ Was a standard	ceuse lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS
PHYSICIAN: PHYSICIAN: The hospital of his certificate of his prior to but his p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.8 PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH
HYSIC HYSIC HAY HAYSIC HAYSIC HAYSIC HAY HAYSIC HAY HAY HAYSIC HAY HAY HAY HAY HAY HAY HAY HAY HAY HAY	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.)
, , , <del>- 0 a</del>	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH O IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING Se retained by Cook. Afterti	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)
TENDIN retained rots: A be detail	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  While Not While factory, street, office bidg., etc.)
COR ATTEND 4 may be retaine DIRECTOR. 3 should be de the State Dept.	21. I certify that (I) (this hospital) attended the deceased from 1965 that (I) (we) I
A PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAI	saw the deceased alive on
OR DIR	220. SIGNATURE 22b. DAT ATTENDING MED. STAFF SIGN
AL AL	M.D. PHYS. DIRECTOR PHYS. 3.25%
Pag TER T. Pag	22c. PHYSICIAN'S NAME (Type) TO - D - D - D - D - D - D - D - D - D -
TO HOSPITAL death. Page 4 TO FUNERAL director, page 5 be filed with ith	23. PUBLAL CREMATION 1235 DATE THEREOF 123, NAME OF CEMETERY OR CREMATORY 1236, DOCATION (City town or country) (Stele)
o Po ja s	REMOVAL (Specify)
H - 0	ADDRESS / 250 REC'D BY REGISTRAR 250 SEGNATURE
VR AIS (4)	WW Charles (- Quality Md. partle ? " 1968 policy wage
20M S-63	III. CHAMATOUR TV. GARACTER II MAI I I I I I I I I I I I I I I I I



	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201
	36.321	CERTIFICATE OF DEATH	, , ,
= -2=	1 DECEASED-NAME First Middle	Last	2a. DATE OF DEATH 2b. HOUR
offer death	(Type or print) Samuel E.	Mastin	March Manth 30, Day 1968ear 9:50PM
	3 SEX 4 RACE	S DATE OF BIRTH	6. AGE (In years   Funder 1 YEAR   Funder 24 Hrs.     Interchange   Months   DAYS   Hours   Min
5 (2.5 T)	Male Caucasian	Sept. 10, 189	last birthday) YRS, MONTHS DAYS HOURS MIN
9 9 5	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED Never MARRIED 9.	COUNTY OF DEATH
725	(country) Maryland USA	WIDOWED DIVORCED I	Prince Georges Md.
1000円を開きます。	TO CITY OR TOWN OF DEATH	TETUTION (If not in hospital 12c USUAL	OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ond complete ville		en'l Hospital during The	the two tinglife, even if retired) INDUTRY rest
carbon w. A.	13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before		
executed or not complete formove carling only event,	daryland Prince Georges	Bladensburg YES NO	1243 33 Cii Mitchae
eme exe	14. FATHER'S NAME First Middle Last	15 MOTHER'S MAIDEN NAME Firs	Middle Last
be no or	Charles Mastin	Mary	Wood
requires that the death certificate be executed physicion.  signed by the ottending physician and comple burial fronsit permit. Then please remove as burial, cremation, or removal, and in any event	16d, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY P	(11220)	Address
ohys vol,	W no of unknown) ("In any water date of secured 578 38 7	772 Rose Mastin	4205 55th Ave Bladensburg
a pu	18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH ;
andii or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhag	e of pons and cerebe	ellum. Threewell
physicion. physicion. signed by the ottending buriol-tronsit permit. The	DUE TO, OR AS A CONSEQUENCE OF		
the sit	Canditions, if any, which gave ) rise to immediate cause (a), (b)		
tha on. by fron	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
res /sici	last. 3 3 2, X (c)		
phy sign bur bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR COM	DITION GIVEN IN PART 1(a)
w r ding een the r to	Terminal Broncho-pneumonia.		
PHYSICIAN: The law re he hospital or ottending this certificate hos been eloched for use os the Dept of Heolth prior to	19a. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PEL  21a ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
to be	OL ACCIDENT MAC INVESTIGATION	YES XX NO	Yes
TENDING PHYSICIAN: ined by the hospital or DR: After this certificate ould be defoched for Lithe State Dept of Heol	☐ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ☐ ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Manth Day Year	21c HOW INJURY GECURRED (Enter n	ature of injury in Part 1 or Part 2, Item 18.)
SICI Spit Spit Spit Spit Spit Spit Spit Spit	[ [If either, nat'fy medical examiner)   P.M. 19		
HY hodisc september	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FAC While at wark at work at work	211 LUCATION Street or R.F.D. No.	City or Town County State
DING PHYS by the hos offer this ce be detoche State Dept	at wark at wark	16 - Manah 0 30 66	2 to Worsely 20 1069 at 4 (0 4mm)
DIN by After be Stat	22a I certify that (I) (the baseifol) attended the decease saw the deceased give an March 30 causes stated above, (I) (tox) (did) (didnost view the	9 68 and that in (my) (pou) appoin	on death occurred on the date and hour and from the
OR ATTENIED OR ATTENIED OR ATTENIED OR ATTENIED OR STRONG OF THE ENDING	causes stated above, (1) (xxx) (did) (did not) view the	bady after death.	an acam accorded an me date and had one ham me
A Si	22b SIGNATURE	1 Ma	22c DATE SIGNED
OR be reported week	Veuenur 11. Min	DIRECTED PHYS NEXT DIRE	CTOR PHYS 0 4/164
SPITAL 4 may IERAL   or, pog d be fil	22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS	
	Frederick H. Wilhelm,		r Rd., Cheverly, Maryland
O HO Poge O FUN direct			23d LOCAT ON (City or Town) (Caunty) (State)
5g 5b 2			Washington, D.C.
YR A15 (4) 30M REV 1/68	24. FUNERAL DIRECTOR  Nalley Funeral Home Mt Rain:	ter. Md 25a. RECO BY	
20M KCA 1/08	Marie Langiar Home Me Harr	1er, Ma DAAPR 5	_ 1968 /Charley Judge

MAKTLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME 2b. HOUR signed by the attending physician and campletely filled thr by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 hours after death. 2) after death. (Type or print) Month Baby B\_Daniel Mauser Leuri c March S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3 SEX A RACE March 22, 1968 last birthday) DAYS White MALE 8. MARRIED MEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign country) Maryland U.S.A. WIDOWED [ DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Prince George's General Hos. na **INDUSTRY** Cheverly na 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed adm ssian) STATE 13b COUNTY Laurel 206 Jull Lane 14. FATHER S NAME First Middle IS MOTHER'S MAIDEN NAME First Mary Alice Friede Louis Mauser Fred 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknown) Mother APPROX MATE INTERVA. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSPOUENCE Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 19g. DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO XX YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not white at work 22a. I certify that (1) (this haspital) attended the deceased fram March 22 , 19 68 to March 22 , 19 68 , that (1) (we) last saw the deceased alive an March 22 \_\_\_\_\_19 68 , and that in (my) (our) opinion death occurred on the dote and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22: DATE SIGNED STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Pro Geo Hospital Cheverly, Md. Dr Porres NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATERSC (faunty) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify)
Burial Wheaton Montgomery Md. 3/26/68 Gate of Heaven 2Sb REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) F. Gasch's Sons Hvattsville, Md. Mingle MAR 2 7

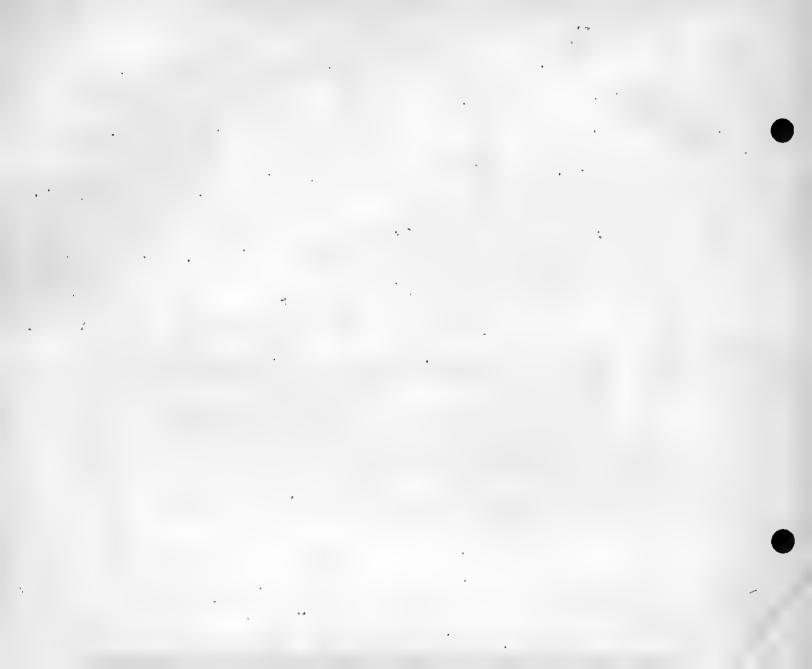


		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
1	34623	(	CERTIFICATE OF DEATH		
	DECEASED NAME First (Type or print) Jame	Middle S N.	Lost Mayr	20 DATE OF DEATH Month 3 Doy	25. HOUR TO
3 : 70.	Male Male	4 RACE White	s date of B.RTH 11/13/07	6 AGF (in years last birthday)	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN,
70. coi	BIRTHPLACE (State or foreign outry) Wash. DC	b citizen of what country?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince Geo	reis Md
	CITY OR TOWN OF DEATH Riverdale	IT NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 US during 121)	SUAL OCCUPATION (Kind of work done most of working life, even if rewred.)	12b KIND OF BUSINESS OR INDUSTRY
13c	o. USUAL RESIDENCE (Where deceased mission) STATE I.d.	lived, if institution: Residence before 13b. COUNTY	13c CITY OR TOWN 13d INSIDE OF		
; 14.	. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAJDEN NAME	First Middle	Lost
	James	I. May	Rachel		Wheat
16	o. WAS DECEASED EVER IN U.S. ARMEI Yes, na, or unknown) (If yes give wor	O FORCES? or dates of survice)		cord Riverdale,	Md.
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	one couse per line for (o), (b), ond (c). BY: CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	CEREBRAL H	CA Primary of Kidney	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  I PAY  UNKNUWN
CEPTIBLEATION	IRAV		RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS COCAUSES OF DEATH?	25
MEDICAL CE	G CAUSE OF CEATH  (If either, notify medical examine)  21d. INJURY OCCURRED 21e. P	HOUR A.M Month Doy Year P.M.		nter nature of injury in Port 1 ar Part 2,	County State
	While Not while of work  22a. I certify that (I) (this saw the deceased alicauses stated above,		ed from 2 27 , 19 19 3, and that in (my) (aur) o bady after death.  DEGREE PHYS	pinian death accurred an the do	,
L	- 44 2 4 4 2	ch 27, 1968 Ft L	CEMETERY OR CREMATORY incoln Cemetery	23d LOCATION (City or Town)  Colmar Pranor Pr	(County) (State) O Geo Md.
24	4. FUNERAL DIRECTOR	ADDRESS Gasch's Sons Hyat	tsville, Md. DATE	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) ufus IF UNDER I YEAR IF JNOFR M HRS 4 RACE AGE (In years 3. SEX 5 DATE OF BIRTH last birthday) EGRO filled in by the ve carbon papers. Pagevent, within 72 hours low requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) PRINCE DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KWID OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY completely 130 HSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER Plac CITY OR TOWN 13b COUNTY YES 🗀 No F 37 buriol, cremotian, or removol, and in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost AVDEN physician o 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) 1831 mrs. APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ). PART I DEATH WAS CAUSED BY. RCULATOR IMMEDIATE CAUSE (o) Canditions, if any, which gave ) ARCINOMA signed by the burial-transit p nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🗀 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 2 d. INJJRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Mot while at work of work 22a. I certify that (I) (this hospital) attended the deceased from MAR. 14., 1968, to MAR. 21., 1968, that (I) (we) last saw the deceased alive an MAR. 20. 1968, and that in (my) (our) aprical accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. of d not 22b. SIGNATURE 22c DATE SIGNED mi DEGREE 22e. ADDRESS 22d PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION, (Caunty) BURIAL (Specify) 24 FUNERAL DIRECTOR 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



	MARTLAND STATE DEPARTMENT OF HEALTH	
.20	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	LAND 21201
1	CERTIFICATE OF DEATH	
= (~)	1 DECEASED-NAME First Middle Lost 20 DATE OF DI	EATH 2b. HOUR
funeral funeral s 1 and 2 ter death	(Type or phint)  Lorene J. Maye March	Month Doy Year DOA
r d		20 1968 T: 03AM  AGE (In years I FUNDER I YEAR IF JHDER 24 HRS
of the formal of	7/00/7000	last birthday) MONTHS DAYS HOURS MIN
rs (	1 ditate	59 YRS.
24 yours after death.  24 yours after death.  72 hours after death.	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9 COUNTY OF DE	ATH
The same	COUNTRY GEORGIA U.S.A. WIDOWED DIVORCED Prince	Georges Md.
ille a fille	THE CITE OR TOWN OF DEATH THE WARE OF MOSPIELOK INSTITUTION OF PRESENTED THE GOVERNOR OF CONTRACTOR (A	and of work done 12b. KIND OF BUSINESS OR
5 7 7	Cheverly Prince Geo. Gen'l Hospital Govt. Prig	e, eyen if retired)   INDUSTRY
d v	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSDECTITY LIMITS? 13e, STREE	T AND NUMBER
Two of	odmission) STATE 13b. COUNTY Prince Georges Brentwood YES NO 4400	-38th Street
D OF THE	Maryland Prince Georges Brentwood 10 10 4400  14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	Middle Last
requires that the death certificate be executed in signed by the attending physician and cample burial-transit permit. Then please remove can burial, cremation, or removal, and in any exemited burial, cremation, or removal.	Frank Johnson Allie	Harrison
an an idi		
sici plec	M ( ) 1 M . ( ) 1	Address
phy en ove		trong -above address
en Tage	In expect of present femos part the conse her title to fall (a) and feld	Stor)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndii iit.	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  13/ albure Shorter	Zeus.
de de utte erm	4360 DUE TO, OR AS A CONSEQUENCE OF	
the control of the co	(anditions, if ony, which gove)	1040
to: ± .	rise to immediate cause (o).	
# [6] 4 4 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lost. Due 10, OR AS A CONSEQUENCE OF Level Selections	1 Less
ysique ridel		16 701
de signatura de la composición del composición de la composición d	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART I(o)
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토 등 등 등 보고 X	YES NO CAUSES O	PULATRY
or after a control of the control of		in Part 1 or Port 2, Item 18.)
	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  [1] Gither, notify medical examiner) P.M. 19  [2] J.	
rSIO	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or	Town County State
e his	771076 1701 171016	,
OR ETTENDING PHYSICIAN be retained by the hospital olikeTOR: After this certifical e 3 should be detached for ed with the State Dept. of He		1 00 10 00 that /// /
Steak by Steak Ste	22a. I certify that (I) (this tassaidal) attended the deceased from	week 20, 17 58 , 1001 (1) Week tost
R: Vid	causes stated abave (1) (300 (did) 3000 (bit) view the body after death.	ones on the date and had non me
F	22b SIGNATURE A 2 0 0 0 0	22c. DATE SIGNED
REG 3	ATTENDING MED	STAFF D 3-21-68
	22d. PHYSICIAN'S 22e. ADDRESS	TRID. 2 0 2 0 0
ZAI P	MANE /T. ma)	77
Page 4 may be retained by the hospital or ottending physician.  Page 4 may be retained by the hospital or ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled is by the funding control, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Pages 1 should be fated by the attending physician on the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.		Hyattsville Maryland
B B I S I S I	230. BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION  18 NOTAL SECTION  230. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION  18 NOTAL SECTION  230. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	
E & 5 2 3	I o o o o II o o - Troonir o ome o o o o o	ar Manor Md
VR A15 (4)	24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Home Inc. Maryland MAR 2 6 1968	25b REGISTRAR'S SIGNATURE
30M REV 1/68	Home Inc. Maryland Maryland MAR 2 6 1968	the state of the s

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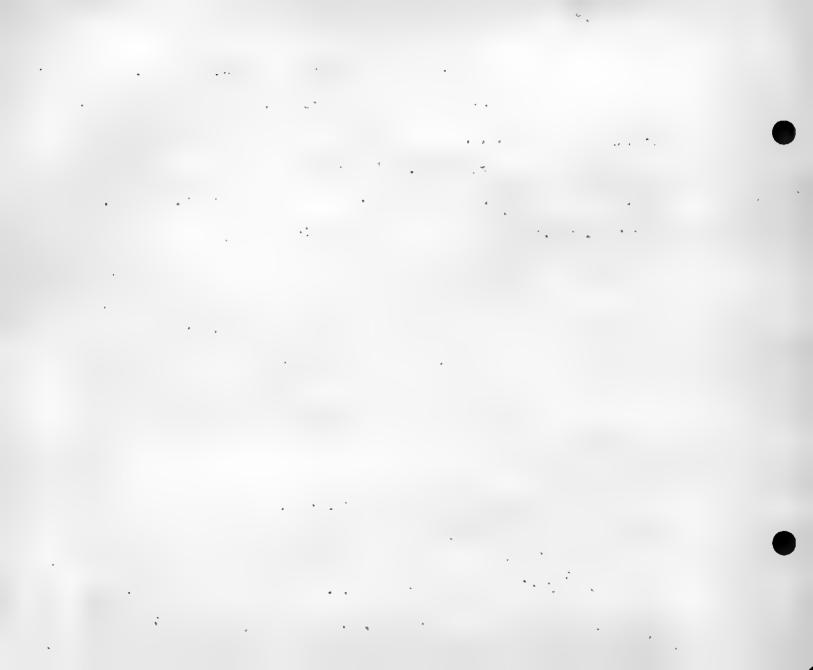
a 1	I.I.	MARYLAND STATE DEPARTMENT OF HEALTH  DEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	147
HEALTH DEDT	1 0	ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Day Year 25 HOUR
WE BE		Type or Print)  OF ESTI-	
3 ± ± = = = = = = = = = = = = = = = = =	3 5	Kevin D McGee DEATH MATED S 3 8  EX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	68 19 2 : 4.5am
delay is My Page My Page		lest birtholy Months DAYS HOURS MIN Month Day	Year
PW del		Sale White 7-21-1965 2 YRS 3 8  B RTHP.ACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED TNEVER MARRIED TX 9 COUNTY OF DEATH	68 19 5:100am
-\F Z		try)	
Pages Vith for State	10 (	Tenning George's	M 12b KIND OF BUSINESS OR
after death 3. Give Pago along with with the Sta		give street address)   during most of working life, even if retired.)	INDUSTRY
Give Pong wi		heverly Prince George Hospital  USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
haurs after death Item 18. Give Pages Office along with for Innd 2 with the State		drawing) CTATE 13b COUNTY //	ale Doniero
haurs Item 18 Office and 2		ATHER S NAME First Middle, Lost IS MOTHER & MAIDEN NAME First Middle	lost
	ļ · · · ·	m / m	(0)
hin 24 ncil in niner's pages 1 haurs	16n	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   47. ADDRESS 7	11/1/
		(es (na, or unknown) (If yes give wor or dotes of structe)	ford or.
1 with person person person 7.2	-	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX MATE INTERVAL
e should be executed he word "pending" in to the Chief Medical E burial-fransit permit. F		PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) undetermined	BETWEEN ONSET AND DEATH
xeconding Adding permopern		T 9 - 30 DUE TO, OR AS A CONSEQUENCE OF	
be ex "pend nief Me ansit pi		Conditions, if only, which gave )  (b) SDII	
ould brond " ne Chi al-frar		lise to trained bie couse (b), (	
should be to word "pe of the Chief burial-fransit I n any ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
E 2 1 -		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		The sound of the s	
This certificate, writing be farward of be used of termand	CERTIFICATION	190. DATE OF OPERATION . 196 CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
2 9 0 E	IEC	WAS PERFORMED?	YES 🔂 NO
This ficate, be for the correct of t		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
Sho sho as a short and the control of the control o	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the cert age 4 should your files. Page 3 shaul, cremat an,		WHILE DOT WHILE foctory, office building, etc.)	
		22a. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🕱, Inquiry 🔀,	and in my apınıar
4 6 4 6 E		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
S S S S S S S S S S S S S S S S S S S		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAM NER 22b. DATE SI	IGNED
any, nera be be ERAI			8-68
necessary, p the funeral 5 may be or 10 FUNERAL Hearth pria		NAME (Type) John Kehoe MD Riverdale, IId. ADDRESS(Street, city, town, or county)	
the Her	230	B.RIAL, CREMATON, 230 DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town)	(County) (Store)
	1	Duried 3-11-68 Lady of Maint Carmel Harleton	Pa.
	24	PLINERAL DIRECTOR / 250 REC D BY REGISTRAR Q 256 REGISTRAR S SI	GNATURE
VR ATSME (5)		Wet Darraldian, daniel Mid. DATE MAR 1 2 1988 files	res judges



12.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR SPATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1621
HEALTH DEPT.	I DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Yeor 2b. HOUR
2 \$ 3 ° €	(Type or Print) Agnes Lavelle Mc Glynn  OF EST DEATH MATED March 2:	3 682:00Å
delay and 3 13. Poo	3. SEX 4 RACE S DATE OF BIRTH 6. AGE In years If JNDER VEAK IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MAIN	2d HOUR
2 3	female white Oct 28, 1897 70 YRS March 23	1968 2:00M
0	76 BIRTHP ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S 2 2 3	10. CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPATION (Kind of work dame 12b Ki	IND OF BUSINESS OR
the de	Cheverly give street andress)  To Georges Hospital during most of working life even if febred. [MDIIST Pro Georges Hospital Telephone operator	ephone co
s of	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmiss an) STATE 13b COUNTY Georges Riverdale YES NO 6000 Madison st	
hours Item It Office I and 2	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Last
S S S	Edward Lavelle Bridgett Kane	
executed within 24 anding" in pencl in Medical Examiner's permit. File pages at within 72 hours	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doties of service)   188 01 3134   Mary Healey   Rivergale, Md.	
ruted willing" in pe dicol Exar ermit. File		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
be executed panding" in lef Medicol E nsit permit. Fevent within	IMMEDIATE CAUSE (a)	
d be ext d "pend Chief Me transit pr y event	Conditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF CO	
	r se ta immed ofe cause (a).  Storing the underlying couse DUE TO, DR AS A CONSEQUENCE OF	gurs
should be neword "pe of the Chief of the Chi	(c) (Merio Selerasio Lundraly)	,
is cert ficate should te, writing the word forworded to the C e used as a buriol-tra removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
t'fic rutin orde d os d os	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 120	
te, writi forwor forwor removal	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	O AUTOPSY?
	196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	YES NO
T 70 T	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d NURY OCCURRED 21s PLACE OF IN.JRY (At home form street 21f LOCATION Street or R.E.D. No. (the or Town Coun.)	
EXAMINER: tute the cert age 4 should reyour files. Page 3 should create the cert and the create	The second of th	fy State
XAI ute 1 ge 4 you You cre	WHILE NOT WHILE TOCTORY, OTTICE BUILDING, etc.)	
se exect ctor Pa ned for ECTOR: burnal,		and in my apinian
please e director retained or to b.	death resulted fram: Natural causes 2, Accident , Suicide , Hamicide , Undetermined manner	
please I direct retainer I DIREC	ACTUAL Day To Walk CHIEF MEDICAL EXAMINER ( 22b. DATE SIGNED	
EPUTY SSary, pl funeral o oy be re oy be re in RAL I	A DEPUTY WEDGE THAT I 2	5 65
necessary, pleas the funeral direction of the funeral direction of the funeral direction of the funeral bits health prior to	NAME (Type) DAYTON ON ATKINS ADDRESS(Street, city, town, or county 3:15 annuay,	paligh
10 mg H	23d BURIAL, CREMATION REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County	(State)
i	Burial March 25, 1968 Gate of Beaven Cemetery Wheaton Montgomer	
VR A15ME [5] 3	F. Gasch's Sons Hyattsville, Md.   250 RECD BY REGISTRAR   256 RECUSTRAR'S GIGNARY   250 RECD BY REGISTRAR   250 RECD BY REGISTRAR'S GIGNARY	A .



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
1	I	tem 1 taken fr				TE OF DEATH	miloke, ma	KILAND ZIZUI		,5.
= -~=	1. 0	ECEASED-NAME First		Middle		Last	2a. DATE OF	DEATH		2b. HOUR
ideath neral and 2 death.	1	Terry	ally	Bøy Le	e Mea	dows	March	Month 28, Do	<sup>9</sup> 1968 <sup>ear</sup>	3:20Am
1000年	3. SI	Х	4. RACE			DATE OF BIRTH		6. AGE (In years last birthday)	F UNDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS. HOURS MIN
s ogo	L	Male	Caucas			March 26,	1968	YRS	1	5 35
10000000000000000000000000000000000000	7a cou	BIRTHPLACE (Stote or foreign	75. CITIZEN OF WH.			NEVER MARRIED	9. COUNTY OF			
	N	faryland	U.S.A	١.	WIDOWED	DIVORCED [		e Georges		Md.
是 是		CITY OR TOWN OF DEATH	U NA	ME OF HOSPITAL OR INS reet oddress) nce Geo. G	OPPLIED (IF not	in hospitol 120 USI	JAL OCCUPATION nost of working	(Kind of work done ife, even if retired.)	126 KIND OF Industry	BUSINESS OR
l wil		Cheverly USUAL RESIDENCE (Where decease			13c. CITY OR TO			REET AND NUMBER		
mpl mpl re co	adm	ission) STATE lary Land	13b. COUNTY Prince	Georges	Laurel			W. Main	St.	
a ca may may		FATHER'S NAME First	Middle	Last		AOTHER'S MAIDEN NAME		Middle	<u>UL a</u>	Lost
be de la		Kenneth Meadow	's			Virginia Ro				
requires that the death certificate be executed within 24 hours strong physician.  I signed by the attending physician and campletely filled into hie turns burial-transit permit. Then please remaye carban papers. Pages 1 a burial, crematian, ar remayal, and in any event, within 72 haurs after		. WAS DECEASED EVER IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURITY I		DRMANT	730	Address		
phys an p		es, ito, or orkitowity								
ning I		18. CAUSE OF DEATH (Enter on		e far (a), (b) and (c).		- Alexander - Alex			BETWEEN O	MATE INTERVAL NSET AND DEATH
endi mit. ar r		PART I. DEATH WAS CAUSEI	D BT: ATE CAUSE (a)	Shock						
perion,		118.2		S A CONSEQUENCE OF						
at the nsit		Conditions, if any, which gove rise to immediate cause (a), (	(b)		agic Di	sease of th	e Newbo	rn		
s th cian d by tra , cre		stoting the underlying couse		A CONSEQUENCE OF	-bio Da	Ei aignas				
uire hysi gne gne urial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
G & D G G	_	77/	TOTAL STATE OF THE	10 10 02570	JI KLOHED TO	TE TELONITATE DIGENSE ON	COMPINION ONE	14 11 1211 1403		
trending as been as the priar tal	ATIO	190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   20d. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERE						CONSIDERED IN C	ERTIFYING	
: The law ar attending to has bee use as th	CERTIFICATION					YES NO	X CAUSE	OF DEATH?		
are are		210. ACCIDENT WAS UNDERLYIN	E - 00 1 1 1 1 1 0 1		21c. HOW	INJURY OCCURRED (Ent	er noture of inju	ry in Port 1 or Port 2,	, Item 1B.)	
d fe fe	MEDICAL	or contributing cause of DEAT (if either, natify medical examin	ner) P.M.	Manth Day Year						
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far uith the State Dept. af Healith	₹	21d INJURY OCCURRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCA	TION Street or R.F.D. N	o. City	or Town	County	State
te D		While Not while of work	* 1 * 15 * 1		1/	1 06 10	(0) 1= 3		2.60	(1) 1 1 1
DIN I by After Stal		22a. I certify that (#) (the saw the deceased a	is naspital) atte	nded the decease	9 68 . and	hat in (xxx) (qur) qu	ninian death	necurred on the d	y <u>fox</u> , inai	MX(we) last
OR: OR: ould	1	causes stated above	e, (k) (we) (did) (	did this wiew the	bady after de	ath.				
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	1	22b. SIGNATURE	CAL	18/7/		ATTENDING PHYS.	MED DIRECTOR	STAFF 22c	DATE SIGNED	1/0
L OR be r DIRE		22d. PHYSICIAN S	JANO		DEGREE	PHYS, 22e. ADDRESS	DIRECTOR L	STAFF PHYS. XX	127/	6 8-
May RAL RAL be f		NAME (Type)	Rertha	Van Gelde	ren M	Derince Geo	rges Ca	nonel Hoo	nital	
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspiral ar at TO FUNERAL DIRECTOR: After this certificate har director, page 3 shauld be detached for use shauld be filed with the State Dept. af Health	2304	BURIAL, CREMAT OND 23b			CEMETERY QR			ON (City or Town)	(County)	(Stote)
P P P P P P P P P P P P P P P P P P P	1/2	PLANOVAL (Specify) M.	4 30,196	EMANU	11	THADIST CE	20 20	GGSVILL	E. C	rud
VR ATOWAR	24	THE PAY DIRECTOR TO	1.1 550	4/15 ADDRISS	WP	, 2So RECD	BY REGISTRAR!	25b. REGISTRAR	S SIGNATURE	
30M REV. VOG	RE-	THE GELOVE	2302	1111	. 110	DATE	LPR 47	1968 40	warles y	-



10	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN (T) Month D	Poy Yeor 2b HOJR
S D &	(	Type or Print)  Henry  Alvin  Meinhardt  R. DEATH MATED   3 8	19681 1 am
delay Baran Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (IN years F JHOER 1 YEAR IF UNDER 24 HRS 2C DATE PROMOUNCED DEAD	2d HOUR
\$ E 4 / E		male white 3-14-03 (est birthday) MONTHS DAYS HOURS M.M Month 3 Day 8	Year 1968 7:10
2. 2. P. 2.		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 79 COUNTY OF DEATH	-00 I D
es 1,	COUL	TERMANY USA WIDOWED DIVORCED Prince George's	M
Pages An for	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	
-0 4/2 4 C		Brandywine greet oddessid. Lorth off Cherry Tree Rd. Prandywine	Busiki
18. Give		USUAL RESIDENCE (Where decessed lived, funstitution, Residence before 13c CITY OR TOWN    STATE   13b COUNTY   13b COUNTY   13b COUNTY   13c STREET AND NOMBER   13c STREET AND NOMBER	MACO TIMOS
v = 2 P	$\vdash$	Brandywine Brandywine Route 381	
haurs Item 1 Office Iand 2 after d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	O <sub>1</sub> Lost
2 5 5	60	WAS DECEASED EVER IN U. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	FICK
		for no or sint house)	in ma
d with the Example File			MINE, //ID.
ld be executed rd "pending in Chief Medical E transit permit. I		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
wed Wed		IMMEDIATE (ause (a) Gunshot wound of head  The total Management of the ad  The total Managemen	
be ex "pend hief Me ansit p	ı	Conditions, if ony, which gove	
word the Chi		rise to Immediate couse (a). (b)	
2 > # 'E _		lost (2)	
a ± **		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
s certificate b, writing th farwarded th used as a l emaval, and	2	4.2.6.	
us certific te, writin farward farward e used as remaval,	STIC	190 DATE OF OPERATION 196 (ONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ste, e fo	CERTIFICATIO		YES NO 🔀
		210 EXTERNAL CAUSE WAS 2 D. TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING HOUR A.M. 3-8-68	18)
KAMINER: te the certite to the certi	MEDICAL	CASE OF DEATH OST . PMLL am 19 Shot Seli.	
the the 4 s ur f ur f ge 3 emc	2	21d NJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, at work I had not what I had not what I had not what I had not what I had not not not off Cherry Tree . obd. "randy-rine."	County State
G 3 2/ ~~		AT WORK LIAT WORK LA Gravel Road Lorth off Cherry Tree . ond, Brandy line,	.G. Md.
SICAL Elease exect director. Po estained for DIRECTOR:		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,	ond in my opinion
directs directs etained DIRECT		deoth resulted from: Notural 20uses ], Accident ], Suicide X, Homicide ], Undetermined monner	J
D. 2 H		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIG	CNED
ITY, erroll be be pri		SUMATURE APPLICATION OF THE STATE OF THE STA	9-68
o DEPUTY SICA necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Health priar to bu		NAME (Type) John Jehoe M.D., Itiverdale, is rule nd ADDRESS(Street, city town or county)	<u>7–00</u>
Don Hee	230	BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (C	(Stote)
K	1	BURIAL 3-11-68 TRINITY MEMORIAL WALDORF, M.	DRYLAND
4	24	FUNERAL DIRECTOR , ADDRESS 1250 REC'D BY REG STRAR 125h REGISTRARS 5.5	NATURE
VR A15ME (5)	Hu	WITFUNERAL HOME, WALDORF, MD. DATE MAR 14 1968 1 4	My Juddle



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. March Month 11, Doy 1968eor (Type or print) Mainie Melius 10 A A . 6. AGE (In years lost birthday) S. DATE OF BIRTH 9/27/86 IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE MONTHS 1 HOURS Cauca si an Female 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o BIRTHPLACE (State or fore an 8. MARRIED NEVER MARRIED Prince Georges Virginia U.S.A. WIDOWED TXX DIVORCED illed 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) Parificied Geo. Gen: 1 Hospital **INDUSTRY** Cheverly Vurse campletely signed by the attending physician and campletel burial-transit permit. Then please remove carb burial, crematian, or remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d JUSIDE CITY LIMITS? odnisony falid Mt. Rainier YES 3608 Bunker NO F Hill Road Georges 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle West Ada Eugene Ilnknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? McDowald Road Shadyside, Md. Road Yes no or unknown) (If yes give war or dates of service) 214-12-0668b Mrs.Helen Dukes-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO, OR AS A CONSFOUNCE OF Conditions, if ony, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior tall 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 196. DATE OF OPERATION CAUSES OF DEATH? NO TXIX YES 🔲 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this Kospikal) attended the deceased fram 19 ..., and that in (my . to\_3/// , 19 68, that (1) PWA fast , and that in (my) (201) apinian death accurred an the date and have and from the causes stated abave, (1) (36) (did) (did) (view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED DIRECTOR March 11, 1968 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Leon Levitsky, M. D. 3408 Rhode Island Ave.Mt.Rainier, Md. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION, 3/14/68 REMOVAL分配的 Commar Manor, Md. Ft.Lincoln Cem. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Nalley's Funeral ADDRESSMt. Rainier 250. REC'D BY REGISTRAR Home Inc. Mar vlan d 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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			MARYLAND	STATE DEPARTMENT OF	HEALTH	
10.00	1	000	DIVISION OF VITAL RECORDS, 30	1 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
101)		52008		RTIFICATE OF DEATH		`26
4 25		ECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
rr dear funeral i and er deat	(	ype ar print) / // F	MIRANDA	MILLER	MARCH 7 Day	1968 Y2224M
fe Terminal	3 5	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF LINDER 1 YEAR IF UNDER 24 HRS.  MDNEHS DAYS HOURS MIN
2 2 2 2	L	<u> </u>	h'	OCT 28	1890   last birthday) YRS.	MONTHS DATS HOOKS MEN
hours		BIRTHPLACE (State or foreign		MARRIED NEVER MARRIED DIVORCED DI	9. COUNTY OF DEATH	
filled in papers	10. (	ITY OR JOWN OF DEATH	C'SA V	JTION (If not in hospital 120. USL	JAL OCCUPATION (Kind of work/done	125 KIND OF BUSINESS OR
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR CATHERINE (Type or print) E. S DATE OF BIRTH 4/8/1894 4. RACE requires that the death certificate be executed within 24 hours after 3. SEX 6. AGE (In years IF UNDER I YEAR 705 birthdoy) YES White Frmale 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9, COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Wash. D.C. U.S.A. WIDOWED X DIVORCED [ Pr.Geo. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 97423-Keystone Lane INDUSTRY director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban should be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, wit Forestville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 130 STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATEWash . D . COUNTY Wash., D.C YES X 625-Franklin St., N.E. 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Jermiah A. McCarthy Sarah E. Deery Address 26-Blackhawk 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) Mrs. Nellie Long - Dr., S.E., Wash., D.C. (20022) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY INFARCTION MYDCAR DIAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC Kt. DISEAGE Conditions, if only, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADRTIC IN SUFFICI GIRCY DISEACE has been 20b IF YES, WERE FINBLINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? NO TO YES [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from January 1962, 1962 to 1978, that (I) (m) last saw the deceased alive an 1978, and that in (my) (cost) apinion death accurred and the date and hour and from the causes/stated abave, (1) (we) (did) (didnet) view the bady after death. 22b. SIGNATURA 22c. DATE SIGNED ATTENDING 30 MARCH 68 DEGREE PHYS 20006 PHYSICIAN S 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Arlington Nat. Com. Arlington, Va. Nalley's Funeral ADDRESSMt Rainier Maryland 250. REC D BY REGISTRAR VR A15 (4) 30AA REV 1/68 Home Inc.

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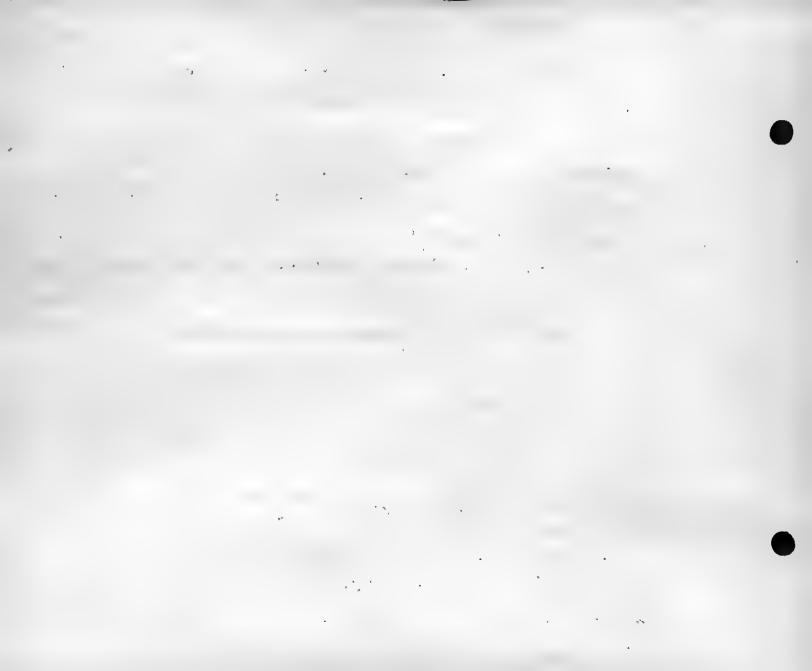
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 54634 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR death. uneral Wasch. and (Type or print) 6. AGE (in years IF UNDER 1 YEAR 4 RACE S DATE OF IF UNDER 24 HRS. 3. SEX 24 haurs-after lost burthday) MONTHS HOURS To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF **COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED country) DIVORCED WIDOWED V ouriat ramsi permir Then please remove carban paper burial, cremation, ar remaval, and in any event, within 72 completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 121 KIND OF BUSINESS OR equires that the death certificate be executed within INDUSTRY give street address) during most of working life even if retired ) 13a, USBAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 113c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY YES ITT No F 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lawner physician 16b SOCIAL SECURITY NO. 17 INPORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) armina DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b has been at the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 90. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO [7]. of Health Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 25 . tollacch saw the deceased alive an March 7 \_1968, and that in(my) (aur) apinion death accurred on the date and have and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) JOHN 23b. DATE 23c NAME OF CEMETERY, OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 23a. BURIAL, CREMAT ON, KEMOYAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68



2 1	Item 13 Film G3	MARYLAN	D STATE DEPARTMENT OF 1301 W. PRESTON STREET, BALL	HEALTH	
	4/1/68 kk () [ (		CERTIFICATE OF DEATH	IMOKE, MAKTLAND ZIZUI	35
	DECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR A
de a	(Type or print) Cather	ine M.	Muroney	March 19	1968 9:15
3	ЯХ	4 RACE	S. DATE OF BIRTH	6. AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 HRS.
L	Female	White	August 16,	1890   last birthday) YRS.	MONTHS DAYS HOURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
L	Maryland	United States	WIDOWED DIVORCED	Prince G	eorge Md
10	). CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Hyattsville	Sacr	ed Heart Home cle	ast of working life, even if retired) erical	INDUSTRY, CA,
00	la. SSUAL RESIDENCE (Where decease drussion) STATE Maryland	d lived, if institution Residence before 13b COUNTY BALLIMORE		IMMITS? 13e. STREET AND NUMBER 27	8 S. Augustaav
14	A. FATHER'S NAME First	Middle Lost	15 MOTHER S MAIDEN NAME		Lost
L	James	L. Muroney		Clara	Curry
ľ	6a. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (Fyes give wo	ror dotas of sarvina)		Address	34 3 3
F	no \	218-30-36		Home, Hyattsville	, Maryland
L	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line far (a), (b), and (c)	•		BETWEEN ONSET AND DEATH
1	IMMEDIAT	E CAUSE (a)	EMIA.	^	2 weeks
1	Canditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	1/-	11)	74.4
	rise to immediate couse (o), (	(b)	Aperlemente He	all Molare	1 years.
1	stoting the underlying cause	(-1			V
	-	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
Ι.	11 11 7 1				
100	196. C 196. DATE OF OPERATION 196. C 21g. ACCIDENT WAS UNDERLYING	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
1			YES NO	CAUSES OF DEATH?	
		E. C. IIII C. III		er nature of injury in Part 1 or Part 2,	Item 18.)
1 2	GREATH OF CONTRIBUTING CAUSE OF OFATH	HOUR A.M. Month Day Year P.M. 1			
ă	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY ) 21f LOCATION Street or R.F.D. No	c. City or Town	County State
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П	22o. I certify that (I) (this	haspital) ottended the deceas	ed from 4-27-, 196 1960, and that in (my) ( <del>eur)</del> ap	o/, to	fs_, that (1) (we) las
L	causes stated abave	(I) (we) (did) (did not) view the	bady after death.	illian deuth occurred on the do	ne and noor ond nom in
	22b. SIGNATURE	4000		22c.	DATE SIGNED .
L	Tromas	7 Cellino	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	
L	22d PHYSICIAN S NAME (Type)	DMAS E CA	LLINS 220. ADDRESS 32.	2- H DINE	
L					
23	3d BURIAL (REMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2	4. FUNERAL DIRECTOR	ADDRESS	7-6-77	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
4	Toules Cara	race To Funeral	Chance DATE MA	R 2 6 1988	arties fundame



	1					DEPARTMENT OF				
			DIVISION OF VI			ESTON STREET, BALL	IIMORE, MAI	RYLAND 21201		
	L	32343			ERTIFIC.	ATE OF DEATH				34
를 금 <sup>2</sup> 를		DECEASED-NAME First (Type or print)		Middle		Last	2a. DATE OF	DEATH DEATH	Vans	2b. HOUR
deal	L	( type or print)	James	A	Na	gle	Marc	h Manth 22, D	1968 <sup>ear</sup>	1:50PM
	3.	SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS.
	L	Male	Caucas	ian		March 27,	1907	last birthday) YRS		MIN.
		BIRTHPLACE (State or foreign 7)	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
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E 2.E	10.	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	TITUTION (If no	t in hospito 12a. USU	IAL OCCUPATION	(Kind of work done	12b. KIND OF INDUSTRA	BUSINESS OR
and completely remove carban nany event, with		Cheverly	Prin	ce Geo. G	en'l Ho	spital Felix	Moren	Carrie Ma	1	fit
ed plet car ent,	130	USUAL RESIDENCE (Where deceased mission) SIATE	lived, if institution	Residence before	13c CITY OR	TOWN 13d, INSIDE CITY	LIMITS? 13e ST	REET AND NUMBER	,	
scut omi		Maryland	13b. COUNTY Prince G	eorges/	Colle	se bk*1 _	4700	Indian L	ane	
an)	14	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost
h a din	L			NAGLI		CATHER	INE		SPAL	PE
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mg Line		IB. CAUSE OF DEATH (Enter only		or (a), (b), and (c))				Q	BETWEEN O	NSET AND DEATH
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t the sit	П	Conditions, if ony, which gave )		asky/se	eaccus	Septice	-mi w			
tha an. by cren	Т	stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF		/				
quires th physician signed by burial-tra burial, cre	Т	last.	(c)							
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w ru ling sen sen the	2	5 / Cavel								
2 0 v 0 7	CEDTIFICATION	190 DATE OF OPERATION 196, CO	NDITION FOR WHICH	OPERATION WAS PER	REFORMED	20a. AUTOPSY?	CALICES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	RTIFYING
r ath r ath e ha						YES NO	] [			
2 6 - 0				IURY Ianth Day Year	21c. HO	W INJURY OCCURRED (Enti	er nature of inju	ry in Port 1 or Part 2	2, Item 18.)	
PHYSICIA e hospital nis certifica rtached fa Dept. af H	MEDICAL	(If either, notify medical examiner	r) P.M.	19						
PHYSIC ne hospil this certi etached Dept. al	13	m 210, INJUNY OCCURRED 1218, FE	ACE OF INJURY (AT	HOME. FARM, STREET, FAC ICE: BUILDING, ETC.	TORY,) 21f LO	CATION Street or R.F.D. No	o. City	or Town	County	Stote
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DING by th Affer the be de State	н	22a. I certify that (%) (this saw the deceased aliv	hospital) attend	ed the decease	d fram	that in fees / aur an	OO_, ta_M	arch ZZ,	9 <u>08</u> , that	(we) last
R ATTENI retained ECTOR: A S shauld with the	Н	causes stated above,	(H) (we) (did) Hda	anote view the	oadv after d	eath.	mman ueam (	accurred on the t	aute una nuor	una iraili ine
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OR De red wed w	Т	Eden	abde.	upor	DEGRE	E PHYS	MED DIRECTOR	STAFF M.	arch 22.	1968
muy be RAL DIR r, page 3		22d. PHYSICIANTS	. (V)			22e ADDRESS				
SPIT 4 mi ERA or, 1 d be		NAME (Type) Edw	in y. Jen	sen, M.	D.	Prince Ge	orges G	eneral Ho	spital C	heverly.
O HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23	a BUR AL, CREMATION, 23b. DA		23E NAME OF	EMETERY OR	REMATORY	23d. LOCATIO	N (City or Town)	(County) M	atty land
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	e executed within and and campletely filler remave carbon part in any event, within	14	ATHER'S NAME	First	Middle	Lost	1S. MOTHER S MA	DEN NAME First		Middle		Last	
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	The The	Г	18 CAUSE OF D	EATH (Enter or	nly one couse per l	ine far (a), (b), and (c	).)			I		MATE INTERV	
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	s broas	CERTIFICATION	190. DATE OF OPER	ATION 19b.	CONDITION FOR WI	HICH OPERATION WAS P	00'	SY?	20b IF YE CAUSES O		CONSIDERED IN C	ERTIFYING	ì
	토트 등 8년 /	RTE	2/28/	68 0	cclusive		Hisease YES	NO 🔲		98			
	AN: Cate		21a ACCIDENT W ☐ OR CONTR BUTING			OF INJURY Month Day Yea	21c. HOW INJURY OCCU	RRED (Enter n	ature of injury i	n Port I or Port 2	, Item 18.)		
	Digital Part	MEDICAL	(If either, notify	medical exami	ner) P.M.		19						
	by the haspital ar attending by the haspital ar attending offer this certificate has been be detached far use as the State Dept. at Health prior ta	25	21d INJURY OCC	URRED 21e.	PLACE OF INJURY	( AT HOME FARM, STREET F OFFICE BUILDING, ETC.	ACTORY) 21f. LOCATION Street	or R.F.D. No.	City or	Town	County	S	tate
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	be Sta		22a. I certify	that (I) (th	<del>is hespital</del> ) att	tended the deceo	sed from	2, 19 <i>62</i>	<u>k</u> , ta <u> </u>	2/2,1	9_68, that	(I) ( <del>w</del>	e) last
_	ned ned the the	ш	CONSER 2	tated above	e. (I) (w <del>e)</del> (did)	(did not) view the	body after death.	) ( <del>aar) </del> opinii	on nearly occ	urrea on the t	iare ona naur	an <b>a</b> tro	m ine
	OR ATTENDING be retained by th NRECTOR: After t e 3 shauld be de ed with the State	П	226 SIGNATURE	201 /	7//	f. /	1 22 5			220	. DATE SIGNED ,		
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b HOUR signed by the attending physician and completely filled in by the funeral burial-tramsit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 hours after death. 24 hours after death (Type or print) NIMPFER BARBARA 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years White lost birthday) MONTHS CAYS Female Nov. 8, 1870 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country ennsylvania U.S.A WIDOWED TX DIVORCED [ Prince George 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)
19511 50th Avenue 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY withi College Park Own Home Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE ollege Park 13b COUNTY YES [ NO [ 9511 50th Avenue 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Unknown Edward Kunkel 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) 171 40 0111 Walter W. Zepko Same as #13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MuoCardial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ARTERIORCLErctic rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTERIOPCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending prior to use as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗍 NO X directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health er this certificate betached far us 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (1) (\*\*\*) attended the deceased from July , 1967, ta 1 MAR. , 1968, that (1) (\*\*\*) last saw the deceased alive an 1 MAR. 1968, and that in (my) (\*\*\*) apinion death accurred an the date and hour and from the causes stated abave, (1) (40) (did) (41) view the bady after death. 225 SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) HAMILTON S 23g BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR COM 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 3/5/68 Mt. Olivet Washington D. C. 1968 REGISTRAR'S SIGNATURED 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR VR A15 (4) DATE MAR 30M REV. 1/68 Francis Gasch's Sons Hyattsville, Maryland



7 1 1	MAKYLAND STATE DEPARTMENT OF HEALTH  OUT OF HEALTH  OUT HEALTH  OUT HEALTH  OUT HEALTH  OUT HEALTH	
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HEALTH REDT		ear 25 HOUR
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200	Kathleen Sarah Horris DEATH MATED 3-21-68  3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years 1 F UNDER 1 YEAR  F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	19 3 : 45 pm
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cate should g the word ed to the C s o bur.al-tr and in any	(c)	
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<b>毛</b>		
NES NES Should Should at a	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No City or Town County	State
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	SIGNATURE 2007	40
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o DEPUTY necessory, the funera S may be o FUNERAI Health pri	NAME (Type) John Kehoe ID Riverdale, Nd., ADDRESS(Street, city, town, or county)  230 BURIAL, CREMATION, 230 DATE 230 NAME OF CREMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County)	(State)
7 - 12	REMOVAL (Specify)	(2,0,6)
X.	Cremation 3/22/68   Cedar Hill   Shitland Md	
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10M REV 1768 💢	Washington, 2. C. Partyllin a toy	V



ON STREET, BALTIMORE 1, MARYLAND OF pluods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY 20 MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give negrest town) att sville d. NAME ORHOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADORESS A IS RESIDENCE ON A FARM? 000° 2016 YES NO 3. NAME OF DATE Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Months Deys Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . BIRTHPLACE (County & State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Govit rempsy / valua 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ፭ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT MBUL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 20.30 MINS IMMEDIATE CAUSE (a) DUE TO COCONATY gave rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? CANDIDUBSCHIOR NO X 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of njury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20e. PLACE OF INJURY [Nome, ferm, 20f. (City or town, 20c. TIME OF INJURY (County) Month, Day, Yeer (Stete) fectory, street, office bldg., etc.) While \_Not While at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from MATCH 1968, to MACC saw the deceased alive on WAY 228 SIGNATURE ATTENDING 22b. DATE STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a, BURIAL, CREMATION, | 23b, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town er, county) (Stafe) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) CHAMBERS Riverdale, Md. ISM 7-62 DATE

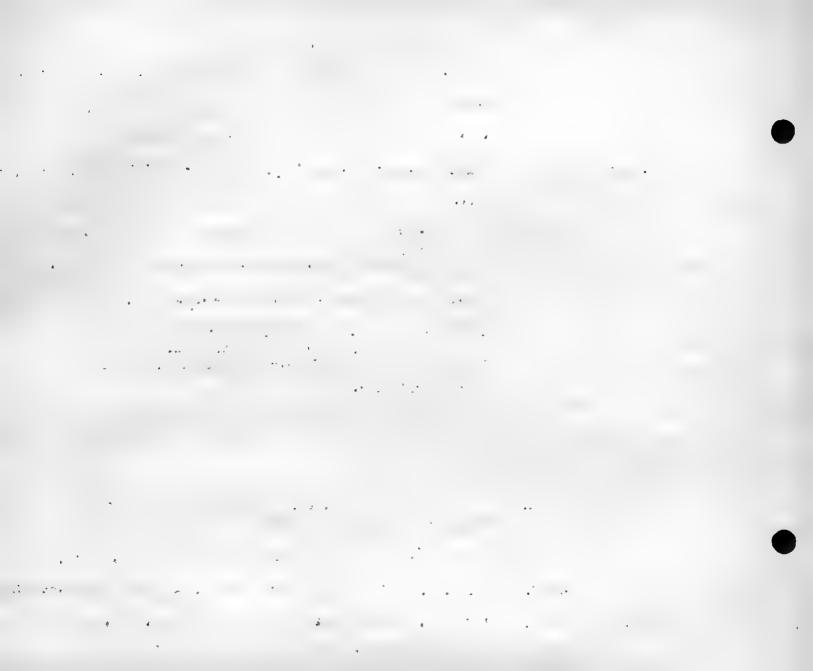
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1 !		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
MEALTH BEDT	1. 0	ECEASED NAME First Middle Last 2a. DATE KNOWN Month	Day Year (2b. HOUR
. S D 0 15	(	Type or Print)  George Wellington Phillips  George Jean Mared 3-9	
9 m € 13 m €	3. 5	EX 4 RACE S. DATE OF BIRTH 6. AGE [III years 4 H UNDER 1 YEAR 4 HRS 24 HRS 25 DATE PRONOUNCED DEAD	2d HOUR
ny delay is 7, 2, and 3 to PM3 Page	1	Male White 1-12-1925 (43 YRS MONTHS DAYS HOURS MIN Month 90y	68 19 3:15pmm
I, 2, m Pl		B RTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	00 11 J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	co UI	WASHINGTON D.C. U.S WIDOWED DIVORCED Prince George's	Md
Pages Pages	10, (	THY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
after death along with with the sta		Cheverly Prince George Hospital GANG FOREMAN	WASH TERMINA
18 Give along		USJAL RES DENCE (Where deceased lived, it institution. Residence before 13c CITY OR TOWN. 13d. MSIDI CTY LIMITS? 13e. STREET AND NUMBER	
		dmission) Jale Rrince George Greenbelt YES NO 16G Ridge Ros	ad
haurs after death tem 18 Give Pag Office along with 1and 2 with the Sta after death	14	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
		GEORGE PHILLIPS AMY JONES	
d be executed within 24 of "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 haurs		WAS DECEASED EVER IN US ARMED FORCES?  106 SOCIAL SECURITY NO 17 INFORMANT 18 INFOR	ME AS # 13
be executed within "pending" in pencil nief Medica! Examine nnsit permit. File pag event within 72 hau	<u> </u>	DO WW. II DO STORY	APPROX MATE INTERVA.
ecuted ing" in edica! E ermit. F within		8. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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ould b ward " he Chi ial-trar any e		rise to immediate couse (a), (b)	
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INER: 1 e certific should t files. 3 should atian, a	MEDICAL	CAUSE OF DEATH P.M 19	
	₹	21d INJURY OCCURRED  21e PLACE OF NJJRY (At home, farm, street, building, etc.)  21f JOCATION Street at R.F.D. Na (ty or Town)	County State
L EXA recute Page for you R. Pag ial, cre		AT WORK AT WORK	_
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please exert I director. P I director. P I DIRECTOR		death resulted fram: Natural causes 🐼, Accident 🔲, Suicide 🗍, Hamicide 🔲, Undetermined manner	
please I directe retained DIREC		ACTUAL CHIEF MEDICAL EXAMINER	
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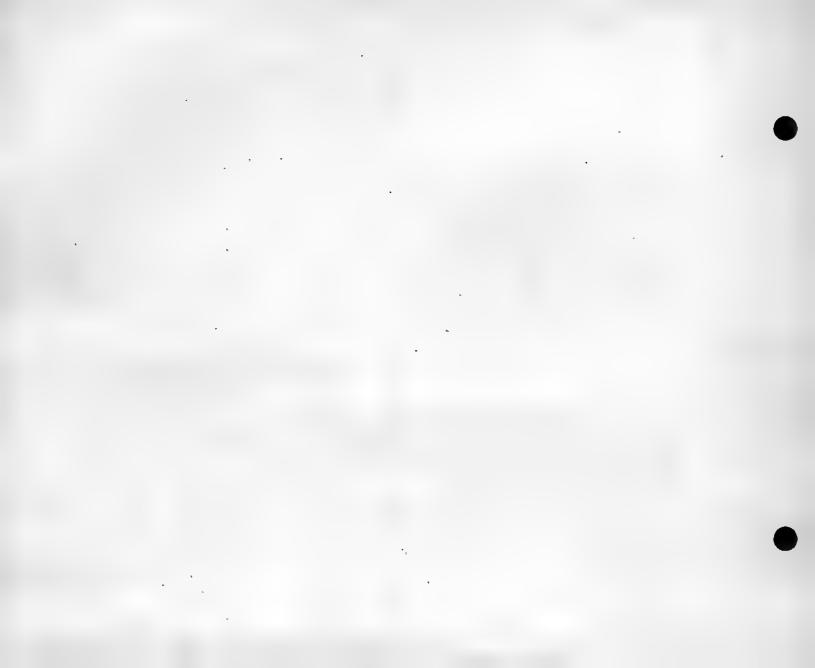




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Γ		AS DECEASED EVER IN U		FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT			Address		
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		OR CONTRIBUTING CAUSE	OF DEATH	HOUR A.M	Month Day Yes	or   21	c. HOW INJURY OCCU	KKEU (ENTER NOTUR	e of injury in I	rom 1 of Port 2,	Irem 18.]	
	ğ	either, notify medical	exominer	) P.M	'	19						
		Id INJURY OCCURRED	21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, OFFICE BUILDING, ETC	FACTORY, 3 21	f LOCATION Street	or R F D. No.	City or To	wh	County	Stote
I	at	/hile Not while work										
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		saw the deceas	ed aliv	e on Mar	/Arabasah visa salah	_17. <mark>08</mark> _,	and that in ( <b>1696</b> )	(aur) apinian	death accur	red an the d	ate and havr	and from th
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Ŀ								e George				
2	30 Bt	UR AL (REMAT ON EMOVAL Specify)	23b DA	14,1	23c NAME C	F CEMETERY	OR CREMATORY	23d	LOCATION (C)	y or lown!	((county)	(Stote)
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FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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ay is 3 ta Page Page	3 SI	TAMES VICE AND A DEATH MATER 3 - Z - 19 C/ S).  X 4 RACE S DATE OF BIRTH 6 AGE (In years 1 IF LINDER 1 YEAR 1 IF JUNOER 24 HIRS 20 DATE PRONOUNCED DEAD 2d HOUL
delay and 3 m3 Pa		M Don 27 1917 STYRS HOURS MIN MONTHS DAYS HOURS MIN MONTHS Day 2 6 Year 19 Go 2/3
	7a l	BIRTHPLACE (State or foreign 75 CTIZEN OF WHAT COUNTRY?   8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH
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after death S Give Pages along with fa with the State	10 (	ITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (lifting in hospital J2a USUAL OCCUPATION (Kind all work done 12b KIND OF BUSINESS OR DUTING Mass of working life, even if refired)  12 USUAL OCCUPATION (Kind all work done 12b KIND OF BUSINESS OR DUTING Mass of working life, even if refired)  12 USUAL OCCUPATION (Kind all work done 12b KIND OF BUSINESS OR DUTING Mass of working life, even if refired)
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2 2 0	0	om ssion) STATE MB 136 COUNTY PRINCEGED HILL SIDE YES IND 1408 52ND AUE
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h n 24 ncil .n niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 7 9 4 / Perinty
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nould be executed within 2 ward "pending" in pendil in the Chief Medical Examiner in altransit permit. File pages any event within 72 hours		18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c))  APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH
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should he ward to the Ch bur'al-tra		lost octs of Small Mroulei maths
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INER: 7 e certific shauld b files 3 shauld iatian, ar	MEDICAL	CAUSE OF DEATH P.M. 19
<b>⋝</b> ± → ~ ~ ~ ~	* !	21d NJURY OCCURRED  WHILE NOT WHILE OF INJURY (At home, form, street, at work At work of the building, etc.)  21e PLACE OF INJURY (At home, form, street, at work of the building, etc.)
AL EXAL execute in Page in Page Tok: Page in International		22a. I certify that I taak charge of the remoins described obove, held on Autopsy , Inspection 4. Inquiry 4.—and in my opinion
se exectors. Posed far. Posed far		death resulted fram Natural causes 🗐, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
ITY SIC, please eral director be retained RAL DIRECT priar to bu		CHIEF MEDICAL EXAMINER
ry, ple		SIGNATURE CONTROL O WOULDEN M. D. ASSISTANT MEDICAL EXAM.NER 226 DATE SIGNED
O DEPUTY SICAL Enecessary, please exect the funeral director. Po 5 may be refained far O FUNERAL DIRECTOR: Health priar to burial,		EXAMINER'S NAME (Type) DAYTAN DIPUTY MEDICAL EXAMINER OF COORDINATION POLICES (Street, Copy) FOR COORDINATION POLICES (Street, Copy) FOR COORDINATION POLICES (Street, Copy)
o Present of Present o	23a	BUR AL CREMATON, 236 DATE 236 NAME OF CEMETERY OR (REMATORY 23d LOCATOR CITY OF TOWN) (COUNTY) (STOTE)
		BORIA 3-30.68 MT. OLIVET CEM. WASh. D. C.
		FLNERA. DIRECTOR ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR S SIGNATURE.
VR A15ME (5)		WW Chankers C. RIVER DAIE MD DATE APR 3 1968 Current Junger





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Jes 1 and 2 after degitiv DECEASED NAME First Last 20. DATE OF DEATH 2b HOUR after death (Type or print) Donald Razey March 6. 1968 :23P A 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER I YEAR lost birthdoy) White Male 2/3/34 requires that the death certificate be executed within 24-hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED E NEVER MARRIED RE USA Prince George's New York WIDOWED [ DIVORCED [ burial, crematian, ar removal, and in any event, within 72 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince Geo. Gen'l Hosp. INDUSTRY Station during most of working life, even if retired.) and completely f remove carban Cheverly 130. USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LYMITS? 13e STREET AND NUMBER odmission) STATE Maryland Landover Hills 5293 85th Avenue 14 FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Claude L Razey Hughes physician ( ien please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Landover Hills, Md. 578 52 6570 Geneva C Razey CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the burnal-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200 AUTOPSY? CAUSES OF DEATH? YES X 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (the kespetal) attended the deceased from March 4, 19.68, to March 6, 19.68, that (I) (we) last saw the deceased alive an March 19.68, and that in (my) (809) apinian death occurred an the date and hour and from the causes stated abave, (1) (399) (did) (did not) view the bady after death. 22b. SIGNATURE 22E DATE SIGNED ATTENDING MED. DIRECTOR March 7, 1968 PASALLEL 22d. PHYSIC ANS NAME (Type) 22e ADDRESS 3408 Rhode Island Ave. Mt. Rainier, Md. George S. Banning Jr. M.D. 23d LOCATION (City or Town) 23c NAME OF CENERALY OR CREMATORY (County) (Stote) 230 BURIAL CREMATION 23b DATE REMOVAL (Specify) Baltimore Baltimore National Md. March 11, 1968 2 Buria ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR Hyattsville, Md. F. Gasch's Sons



d. 1	1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	,
HEALTH DEPT.	1 [	DECEASED NAME First Middle Lost 20. DATE KNOWN   Month D	by Yeor 26 HOUR
× 2 2 €	(	(Type or Print)  Goliath  S  Riddick  DEATH MATED  3-21-	-68 192:50pmm
5°CANT	3 5	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS 2c DATE PRONDUNCED DEAD	2d HOUR
8 80		i-ale I.egro 6-31-1928 39 YRS. MONTHS DAYS HOURS MIN Month 2-Day	68194:00pm M
ep 2,2		8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	COU	1017/3 alto, rad. 7.5./7 WIDOWED DIVORCED Prince George's	Md.
Story Story	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 17	26 KIND OF BUSINESS OR
hours after death tem 18 Given Pages Office along with fa and 2 with the State	La	heverly Prince George Hospital	IDUSTRY
after 8 Giv along with death.	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours afte frem 18 Go Office alon land 2 with after death		raryland V Baltimore 1505 N. Hose St	reet
hin 24 hours inclinitem I niner's Office pages I and 2 hours after d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 in 19 rrs fees 11 rrs fees		George Riddick Lillie M.	White
within 24 penchin xamineris rile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT  (If yes give wor or dotes of service)  ADDRESS	
f with the Example File	-	(It yes give wor or defes at service) 244-28-0941 10 ns 1-12 dys Kidd ick 1505 Ro	Se Sty
ould be executed in vard "pending" in the Chief Medical Establishment. Find-fransit permit. Find-fransit permit. Find-fransit event within		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
e executed pending in pending in the Medical in sit permit.		, immediate cause (o) Themore started	Ma
be expending the pending the p		Conditions, if any, which gove )	
d by d " Chie fran y ev		rise to immediate couse (o).	10 1
should be en ward "pela a the Chief i burial-fransit		storing the underlying cause DUE TU, OR AS A CONSEQUENCE OF	
the water that the that the that the that the the the the the the the the the th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
s certificate should be executed within 24 hours e, writing the word "pending" in pencl in Item I farwarded to the Chief Medical Examiner's Office used as a burial-transit permit. File pages I and 2 emaval, and in any event within 72 hours after a	_	TAKE 2 OF ICA SIGNAFORM COMPINED CONTROLLING TO SEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OF COMPITION SIVER IN PART (G)	
This certific ficate, writin be farwards d be used as ar remaval,	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	IIIC	WAS PERFORMED?	YES NO THE
INER: The e certificate snauld be files 3 shauld be atran, ar r	ER	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hern	18)
INER: T ee certific snauld b files 3 shauld natian, ar	MEDICAL	PRIMARY FOR CONTRIBUTING 2:45 PMM 3-21-19 68 Driver of truck which went over a	in embankment.
	1 ×	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f 10CATION Street or R.F.D. No. City or Town	County State
DEPUTY COSCAL EXAMINER: cessary, please execute the certification of the		WHILE NOT WHILE of factory, office building, etc.)  AT WORK AT WORK AT WORK Rt. 50 east of Maryland Rt.3, Prince George County, Mary	<i>r</i> land
VILE Xecu Pa far far OR: I		220 1 certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X,	ond in my opinion
Dougle en control of the control of		death resulted from. Natural causes 🗌 / 'Accident 🔀, Suicide 🔲, Homicide 🔲, Undetermined monner 🗍	]
TY DIC.  y, please e ral drector e retained  AL DIRECT to burner to burner to burner.		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CH	
JTY Iny, p eral be re RAL prid		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220, WATE SIN	
SSOR SSOR STANDER STANDER		EXAMINER'S  DEPUTY MEDICAL EXAMINER   3-22	2-68
O DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health prr	20	NAME (Type John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
TO DEPU netessan the fund 5 may 1 TO FUNE	230	PREMOVAL (Specify)	ounty) (Stote)
U.K.	- 24	SUNTATION ADDRESS 250 RECEIVED	MATURE NOTE
VR A15ME IS		24 April 0 Polling 2121 & Oli 84 MAR 29 1888 Schanle	y Judge
10M REV 1/68	KIL	MANAGER SALES CONTRACTOR TO THE PROPERTY OF TH	<i>U V</i>



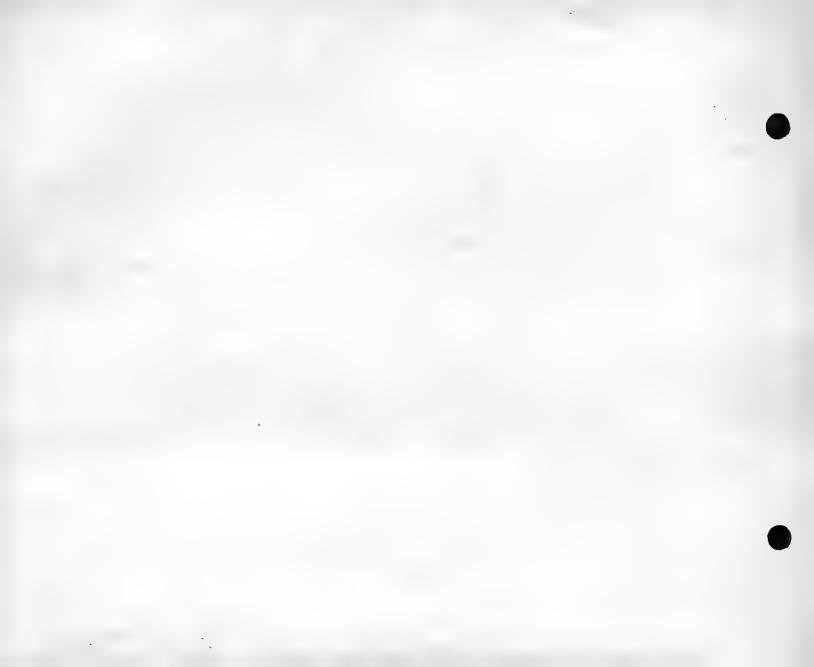
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04643 Middle Last DECEASED-NAME First 2a DATE OF DEATH after death. (Type or print) Month Gertrade. Mand 3. SEX 6 AGE (In years last birthday) 4. RACE S. DATE OF BIRTH IF JINDER 1 YEAR DAYS Female Whi te 10/16/1891 7b. CITIZEN OF WHAT COUNTRY? the ottending physician and completely filled in by sit permit. Then please remove carban papers. P 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Minn. U.S.A. Pr. GEN 1995 WIDOWED DIVORCED [ low requires that the death certificate be executed within 24. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life even if retired.) INDUSTRY Avondale Chpl.Rd. or remaval, and in any event, 113c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER admission) STATE 135. COUNTY Md. YES NO 2116 Buchap Avondale 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lick Ashlev Amanda 0 16b SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na jor unknown) Mrs.Pearl Doyle (above address) 578-10-9869 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY

.IMMEDIATE CAUSE (a) Conditions, if any, which gove ) Arteriosclaration Heart Discuse burial-tronsit rise to immediate cause (a), O FUNERAL DIRECTOR: After this certificate hos been sigmed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or attending as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES 🗍 NO [ 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. P.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Aug. 20, 1959, ta Marah 21, 1968, that (I) (we) last saw the deceased alive an March 17, 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING March 26, 1968 DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS COOL-35th leve Hyattsvilla Md director, should b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) 23g. BURIAL, CREMATION, Suitland, Md. 3/23/68 Cedar Hill Com. Nalley's Funeral ADDRESS With Rainie 1200 RECO BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Home 30M REV, 1/68

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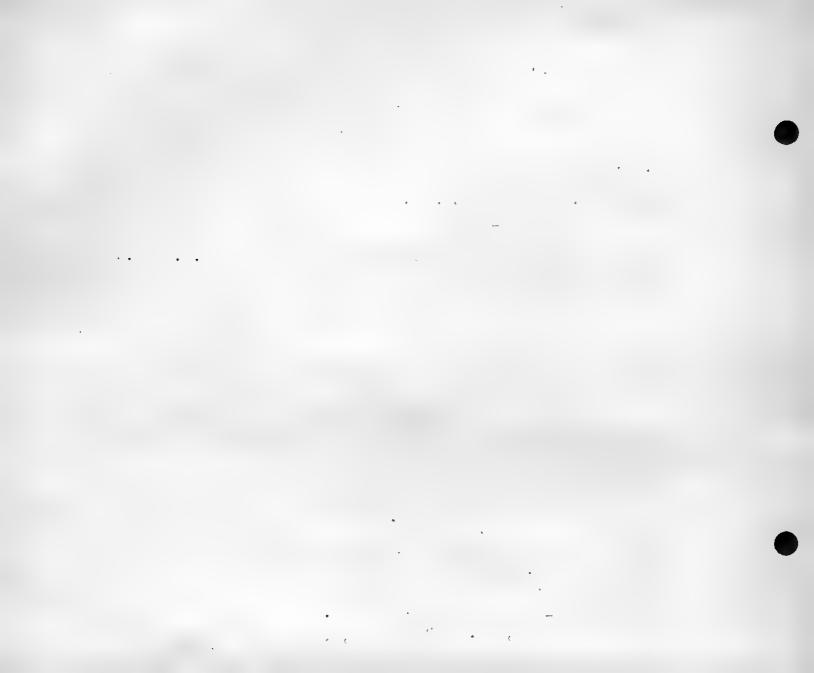
1	1	356		D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN		
	L	17000	·	ERTIFICATE OF DEATH	MORE, MARIDAND 21201	04657
		DECEASED-NAME First (Type or print) KAthe	Middle	Bugu	20. DATE OF DEATH Month Do	Year 2b. HOUR 7 M
	3	SEX	4 RACE WHITE	5. DATE OF BIRTH	6 AGE (In years lost buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	70.	Female. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 127 9	COUNTY OF DEATH	
	16	vew YORK.	U.S.A.		PRINCE Geck	9e Md.
	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street oddress) 4/9/2 CARROLL	ATTUTION (If not in hospital 2 LASALLE, Rd during mas	OCCUPATION (Kind of work dane if af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	136	USUAL RESIDENCE (Where deceonission) STATE	sed lived, if institution Residence before	13c. CITY OR TOWN 13d INSIDE CTY JIMI YES X NO	13e. STREET AND NUMBER /	707 EOLUMBIA
	14.	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FIR		Lost
	-	WAS DECEASED EVER IN U.S. ARE			ARY ANN	Hughes
	L		war or dotes of service) 218-54-53	1 /	0 4	1922 Ra SALLE HSC! LLE Md. P.S.
	NO	Candit ons, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTIFIED TO DEATH BUT NO	or related to the terminal disease or co		
9	CFRTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	· YES \ NOVE	206 IF YES, WERE FINDINGS ( CAUSES OF DEATH?	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA' (If either, notify medical exami	TM HOUR AM Month Day Year iner) P.M. 19		nature of injury in Part 1 ar Part 2,	Item 18.)
	×	While Not while of work	COFFICE BUILDING, ETC.	10RT) 21f LOCATION Street or R.F.D. No.	City or Town	County State
		saw the deceased a	nis hospitol) ottended the deceose ulive on	od from M. W. 24, 1969 968, and that in (my) (our) opin body after death	8, to River 2419 ion death occurred on the de	ote and hour and from the
		22b, SIGNATURE	7 Show			DATE SIGNED
1		224. PHYSICIAN'S NAME (Type) DRR	LEBARD F. SHAW	22e. ADDRESS  13 24 Will	election and 110	Ĺ
	23		pate 27 1968 Rock	CREEK CEM.	23d KOCATION (City or Town) WASH, D,C.	(County) (State)
(68	24	FLINERAL DIRECTOR DE	7) ADDRESS	MASH. D.C 250 REGORY	2FC9TRA 1968 256 BEXTERS	Judge -



MARYLAND STATE DEPARTMENT OF HEALTH



2 1	MARYLAND STATE DEPARTMENT OF HEALTH									
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
HEALTH DEPT.	1 DECEASED-MAME First Middle Lost 20 DATE KNOWN Month Doy (Type or Print) OF ESTI-	Yeor 2b HOUR								
delay is and 3 to M3 Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years   15 UNDER 24 HRS 2 DATE PRONOUNCED DEAD light birthday) MONINS DAYS HOURS MAIN MONTH DOWN Year	1968 PM 2d HOUR 168 6:40								
death iny a Pages 1, 2, with form P	70 BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   COUNTRY?   WIDOWED   DIVORCED   Prince George's	Mo O OF BUSINESS OR								
24 haurs after of in them 18. Give r's Office along as Land 2 with the rs after death	130. USUAL RES DENCE (Where deceosed rived, if institution Residence before 13c. CTY OR TOWN 13d Mission CTY LIMITS? 13e STREET AND NUMBER odmission) STATE and 13b COUNTY C. 1. Brentrood YES X NO 12 4521 Rhode Island  14. FATHER'S NAME First Middle Lost Samuel IS MOTHER'S MAIDEN NAME First Levis Similar L	d Av. nue								
within 24 pencil in xaminer's ile pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (Tyes give war or dates of service) 12-10-3350 121112 Grean 4520 16. I. 170., 12.	LANT NUL								
SICAL EXAMINER: This certificate should be executed isse execute the certificate, writing the ward "pending" in ector. Page 4 should be farwarded to the Chief Medical Eined for your files.  RECTOR: Page 3 should be used as a burial-transit permit F o burial, cremation, or removal, and in any event within	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Carcinola  Due to, or as a consequence of	PROXIMA) LINTERVAL VEEN ONSET AND DEATH								
	Conditions, if only, which gave rise to immediate cause (a), storing the underlying cause last.  (b) Concinamo of lung  OVE	er l year								
	WAS PERFORMENT	AUTOPSY? YES \ NO \ X								
	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 2 21d INJURY OCCURRED 21e, PLACE OF INJURY (Af home, form, street, 21f LOCATION Street or R.F.D. No City or Town Country									
	deoth resulted from Natural couses X, Accident , Suicide , Hamicide , Undetermined monner .  ACTUAL SIGNATURE	d in my opinion								
TO DEPUTY necessary, plea the funeral dir 5 may be reta TO FUNERAL DII Health priar t	PARMICE (Type) John Mehre M.D., Riveriale, Park (County)  230 BUR AL CREMATON, REMOVAL (Specify)  231 DATE (County)  1 Any Only Lem. Park (La 20Vor, Lary La)	IId (Store)								
VR A15ME (5) 10M REV 1/68	24 FUNERAL DIRECTOR ROLLING , IC. 4339ADDRESS Pl, i I. 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE DATE MAR 7 1968	Lond								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECFASED-NAME First Middle 2n. DATE OF DEATH 26 HOUR 24 hours after deoth (Type or print) MARU 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 10/24/1881 dost birthday) Female Whi.te 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fare on 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED the ottending physician and completely filled in sit permit. Then please remave carbon popers. U.S.A. Italy WIDOWED XX DIVORCED [ Pr. Geo. buriol, cremation, or removal, and in ony event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within gye treet address Somerset during most of working life, even if retired.) Chillum Pl. 13a uSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY EMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13h COUNTY GOO. Chillum Somerset 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Pat Trentine Carmela Ciancio 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 818-Somerset Yes, na, or unknown) (If yes give war or dates of service) Mrs.Milena Fosco 219-54-7767 Chillum Md Daughter 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) LARDIAC 2-3 HRS DUE TO, OR AS A CONSEQUENCE OF signed by the burnol-tronsit p 16 Rhs Conditions, if any, which gave ) cute GASTRUENTERITIS - VIRAL rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to ARTERIOSCIENOTIC 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO IT 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET FACTORY OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City or Town State County While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased from 1947, 19, ta 3-19, 1968, that (I) (we) last saw the deceased alive an 3-19, 1969, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226\_SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS 23a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) St. Mary's Cemetery Wash. D.C. Funeral ADDRESS Mt. Rainier 250 RECD BY REGISTRAR Nalley's 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Maryland Home Inc. 30M REV 1/68



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		12 100		CEI	RTIFICATE OF D	)EATH		4	5 3
4 1 3 4		CEASED NAME First		M.ddle	Lost	20.	DATE OF DEATH		2b HOUR
deor	(	ype or print) ESSIE	- LE	E	SAULS		Manth 3	Doy Year	10 10 A.M
	3 51		4 RACE		5. DATE OF BIRT	TH /	6. AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HRS.
S ages		FEMALE	h!hi	LE.	-   <i>- 1</i> 7/1.	5/189	last birthday)	YRS. MONTHS DAYS	HOURS MIN
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2 h		CRTH CAROLINA	UNITED STAT		IDOWED DIVORCE		PRINCE (	FEORGE S	5 Md.
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and creme	14 1	FATHER S NAME First	M.ddle	Lost	IS. MOTHER'S MAIL	DEN NAME First	Midd	lie	Lost
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cate b	16a. Y	WAS DECEASED EVER IN U.S. ARM es no or unknown) (If yes give we	ED FORCES? 16b. SC trial dates of service)	CIAL SECURITY NO	17 INFORMANT	- 0	Addre	955	70
ne death certificate by attack and attack attack attack attack attack attack attack and attack attac		es, no or unknown) (If yes give wi	24	4-09-934	o Dewe	4 10	auls 6/0	o Relevest	ha.
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leaf mit.		IMMEDIA	TE CAUSE (a)	( Bid	each W	Vyak.	`		
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The law requires that the death certificate be executed within 24 attending physician. has been signad by tha attanding physician and campletely filled se as the burial-transit permit. Then please remave carban pape the priar to burial, crematian, ar remaval, and in any event, within 7.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
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The latter has has the north has has as	CERTIFICATION				YES 🖂	№0 Б<	CAUSES OF DEATH?		
N: T or or or or or or r us		210. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY		21c. HOW INJURY OCCU		re of injury in Part 1 or Pa	ort 2, Item 18.)	
if for the first of the first o	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mont	th Day Year 19					
YSI rasp cert chec pt. c	ME	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOM	E, FARM, STREET, FACTORY	21f. LOCATION Street	ar R F.D. No.	City or Town	Caunty	Stote
5 PHYSIC the haspi this certi detached e Dept. al		at work at work							
NING PHYSICIAL by the haspital filer this certifice be detached fa State Dept. af H	1	22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital) attended	the deceased	fram MARCH 18	, 19_68,	to MARCH 22	, 19 <u>65</u> , that	(I) (we) last
END led Ald A		saw the deceased al	(I) (we) (did) (did o	at) viewsthe had	(124), and that in (my) by after death	) (aur) apinian	death accurred an th	ne date and haur a	nd fram the
ATT ATT		22b. SIGNATURE	A A	ury view jine ouc	_		1	22c. DATE SIGNED	<del></del>
OR ATTEND be retained bIRECTOR: A ge 3 should led with the		( Ill	ed (	Teper	DEGREE PHYS.	MED	OR STAFF	3/22/6	8
AL Dogg		22d. PHYSICIANS	^ /	J	22e ADDRE				
SPIT 4 m ar, d be		NAME (Type) DR. G	FRED LAPI	٨	7401 3	STUART LA			<u> </u>
Page 4 may be retained by the haspital or attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after	23a.	BURIAL, CREMATION, 23b. E			ETERY OR CREMATORY		LOCATION (City or Town)		(State)
5 5 5 5 3			/26/68		coln Cemete		Colmar Man		yland
VR A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		SO REC'D BY REG	THE REGIST	PARIS SIGNATURE	udge.
30M REV 1/68	_	F. GASCH'S SON	VS H	CATTSVILI	E, MARYLAND	DATE		0	0

MARYLAND STATE DEPARTMENT OF HEALTH

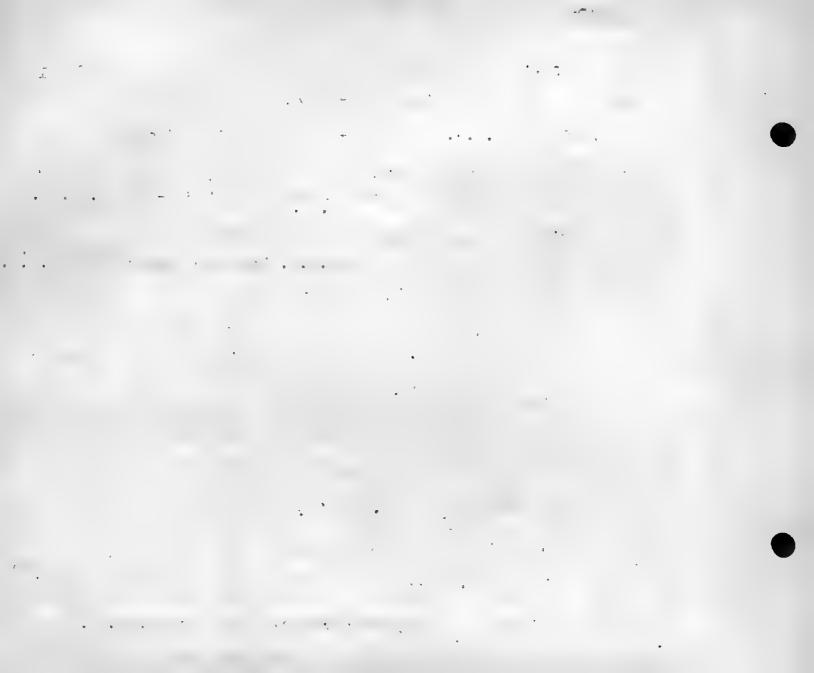


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ปรชีวิช CERTIFICATE OF DEATH uneral and 2 death DECEASED-NAME First Middle Last 2g. DATE OF DEATH 26 HOURA PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month Rose 6:15 M Grace Scattidi March 1968 S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3. SEX lost birthday) DAYS HOURS Bemale. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEUCKOKNEVER MARRIED country) DIVORCED [ Prince George County WIDOWED [ the attending physician and completely filled isst permit. Then please remove carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 12a, JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ife, even if retired ) INDUSTRY give street address) Lanham 6304 Brightlea 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 36 INSTIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO 🗆 Langley George burial, cremation, or remayal, and in any 14. FATHER'S NAME Middle Lost IS. MOTHERS MAIDEN NAME First Anthony Kitorajato Unknown 166 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 8405 Yes, no or unknown) Charles Scattid APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HEPATIC COMA 24 hours DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) CHRONIC SCLEROSING CHOLANGITIS 1 vear rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

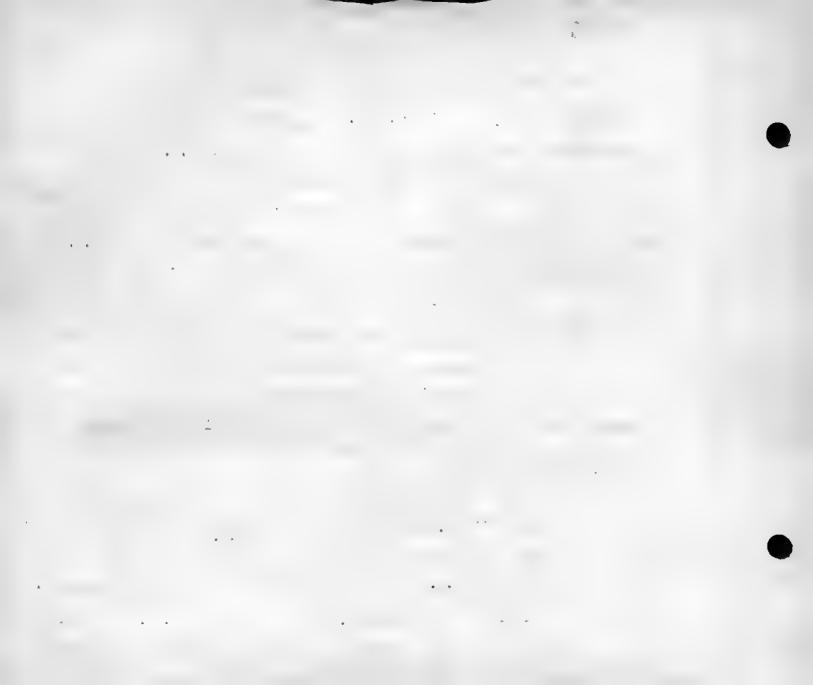
• FUMERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the GRAM NEGATIVE BACTERIAL BILIARY TRACT INFECTION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X ed for use of Health p 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22b SIGNATURE 22c DATE SIGNED M. DEGREE **ATTENDING** MED. DIRECTOR MARCH 10,1968 directar, page 3 -shauld be filed v 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) EDWARD A. BEEMAN. M.D. 1015 SPRING ST..SILVER SPRING.MD.20910 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (Stote) 23g BURIAL, CREMAT ON, REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring. 25b REGISTRAR S SIGNATURE 8434ADORESSTATA Hue. 250. REC'D BY REGISTRAR 1968 Silver Spring.

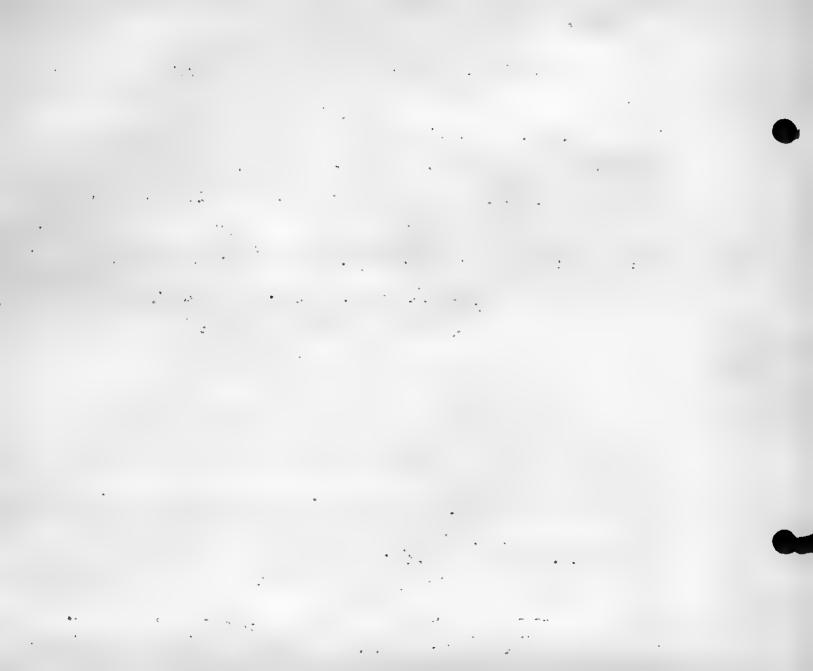


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR P Middle 2a. DATE OF DEATH DECEASED-NAME First deoth. (Type or print) 1968 Harry David Sheetz 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR burial-tronsit permit. Then please remove carbon papers. Pages I burial, cremation, ar removol, and in any event, within 72 hours after 3. SEX last birthday) MONTHS DAYS HOURS white male 5/17/75 92 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ⊆ U.S.A. Maryland Prince Georges WIDOWED ( DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital many mast at warking life, even if retired) completely filled 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Railroad Hyattsville Nursing Hvattsville unknown 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIM TS Washingtones 山山33 -5th St. N. 13b. COUNTY NO [ IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lilly Mary David Sheetz signed by the attending physician burial-tronsit permit. Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Washington, DO Grunwald 424 Allison St.N.W. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) Mrs. H.A. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MINS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF NEART ERIOSCLEROTIC Conditions, if any/which gave ase to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ATHEROSCLEROSIS PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CONTRIBUTED hos been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIF CAUSES OF DEATH? YES 🗀 NO | certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark O FUNERAL DIRECTOR: After this 22a I certify that (I) (this hospitel) attended the deceased from 10 17, 1966, ta 3 125, 1968, that (I) (we) last saw the deceased alive an 12 1968, and that in (my) (ost) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR X PHYS. 22e. ADDRESS PHYSICIAN S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) >>> "(State) 23a BURIAL, CREMATION Glenwood Cemetery REMOVAL (Specify) 3/28/68 Washington. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND District of Columbia c. CITY OR TOWN (if outside corporate amits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural (Glenn Dale l yr...l mo. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Glenn Dale Hospital YES NO Y 1713 M Street. N.E. The law requires that the death certificate be executed within NAME OF Middle DATE Lost Menth Year DECEASED (Type or print) Elliott DEATH Smart March 16 S SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH **NEVER MARRIED** remove birthdoy) Months Days Hours Male Negro November 11.1913 burial, crematian, ar remaval, and in any WIDOWED DIVORCED gud 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, as foreign country) during most of working life, even if retired) physician a nen please unknown U.S.A South Carolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Elliott Smart Fannie Allen IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, organizawn) (If yes give war ar dates of service) 247-10-2336 Person NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ‡ the PINSH AND DEATH PART I DEATH WAS CAUSED BY-Acute myocardial infarction IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO coronary arteriosclerosis Conditions, if any, which gove unknown rise to immediate cause (a), DUE TO stating the underlying cause generalized arteriosclerosis peen as the prior ta unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Pylmonary tuberculosis; left upper, 1/30/68; vid myocardial USB CERTIFICATION detached for use te Dept. of Health YES X this certificate PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Caunty) (Stote) 20c TIME OF INJURY Month, Day, Year (City or tawn) Haur 'o.m. factory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) (this hospital) ottended the deceosed from Feb 17 , 19 67, to March 1619 68 that (I) (we) las Mar. 16968, and that death occurred at 6:55 M, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive on 22b. DATE S GNED 22a SIGNATURE STAFF ATTENDING PHYS. DIRECTOR □ March 16.1968 director, page should be filed filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Moe Weiss. M.D. Glenn Dale Hospital, Glenn Dale, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23 GC BURIAL, CREMATION, 23h DATE THEREOF (County) (Stote) REMOVAL Dipecify) 3-21-68 Harmony Meo. Park P. G. Md. 2 AR 2 0 1968 ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67





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		CEASED-NAME First	Middle	•	Lost	2o. DATE OF DEATH	D V	2b HOUR
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un Ja	3. SE		4. RACE	5	DATE OF BIRTH	6 AGE (In ye		IF UNDER 24 HRS. HDURS MIN.
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d with water of the sent, w	13n	Cheverly  S.M. RESIDENCE (Where decept	sed lived, if institution: Residence b	eforé 1:3c CITY OR IC	WN 13d. INSIDE CTY	LIMITS? 13e STREET AND NUM	BER	
PHYSICIAN: The law requires that the death certificate be executed within 2 e haspital ar attending physician. In this certificate has been signed by the attending physician and carpitelely filestached for use as the burial-transit permit. Then please remave tached pay Dept. af Health priar to burial, crematian, ar remaval, and i≡ any event, within	odmi	sion) STATE	13b COUNTY Prince George:	Beltsvi	VCC N	11718 E1	ington Driv	<u>re</u>
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r Th re by use by		21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW		ter noture of injury in Part 1 or	Part 2, Item 18.)	
ficat for for He		OR CONTRIBUTING CAUSE OF ORA	HOUR A.M. Month Day	Yeor	(		,	
rentiin taf	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e	ines) P.M.  PLACE OF INJURY ( AT HOME, FARM, S	19 REET, FACTORY, \ 21f LOCA	TION Street or R.F.D. N	lo. City or Town	County	Stote
G PHYSIC the haspi this certi detached te Dept. a		While Not while						
NG the fer the date date		22o. I certify that (t)	his hospital) attended the dolive on March 5 re. (b) (we) (did) (44 kg) view	eceosed fromE	eb. 19, 19.	68 to March	5_, 19 <u>68</u> , that:	xtx(we) lost
ed bed by the Sheet Shee	ļ	saw the deceased of	olive on March 5	19 <u>68_,</u> and t	thot in ( <u>ww</u> ) (our) o <sub>l</sub>	pinion deoth occurred on	the dote and hour	ind from the
TY Tain H		22b. SIGNATURE	e, to (we) (ulu) (ulu) vie	on Co			22c. DATE SIGNED	
SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the haspital VERAL DIRECTOR: After this certifica tar, page 3 shauld be detached for		month	2 Burge	DEGREE	ATTENDING PHYS.	MED. STAFF PHYS. STAFF	March 5,	1968
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MARYLAND STATE DEPARTMENT OF HEALTH 18000 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3466 DECEASED-NAME 20. DATE OF DEATH 2b. HOUR ond (Type or pnnt) Month March 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years last birthday) IF LINDER I YEAR MONTHS DAYS White Female April 4.1888 YRS 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) U.S.A. burial, cremation, or removal, and in any event, within 72 Alabama WIDOWED T DIVORCED [ Prince Georges 24, filled 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress)

Magnolia Gardens Nur. | 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

Housewife 10 CITY OR TOWN OF DEATH within 12b. KIND OF BUSINESS OR INDUSTRY physician and completely f en please remove corbon Lanham Magnolia Home 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the dooth certificate be exacuted lodmission) STATE Md. Georges-Hvattsvil 436 Stanford St 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Lost Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Hyattsville.Md. Yes, no, or unknown) 3615 Gallatin Lavinia R. Lineweaver APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY. signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove: mille rise to immed ofe couse (o), DUE TO, OR AS A CONSTOUENCE OF stoting the underlying couse; lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to **MIRICTOR:** After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) Pog■ 4 may be retoined by th≡ hospital OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME EARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while 22a. I certify that (!) (this hospital) attended the deceased from.... saw the deceased ofive an\_\_\_\_ ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING DEGREE PHYS 22d PHYSICIAN'S FUNERAL 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 23b DATE (County) (Stote) REMOVAL (Specify) 2 Colmar Manor, Md. Lincoln Cem 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Home 300 4th St.NE Wash., D.C. Lee Fun. 30M REV. 1/68



MARIE OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corporate limits, write RURAL and give negrest town) hours write RURAL and give nearest town)
Glenn Dale (rural) flours 2 months Washington, D. C. d. STREET, ARDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE paper ON A FARM? 1202 Pleasant St., S. E. Glenn Dale Hospital within YES NO 🗷 The law requires that the death certificate be executed within carban NAME OF Middle Lost 4. DATE Year campletely DECEASED W111 event, P. Smith 19 68 March DEATH (Type or print) SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TE NEVER MARRIED B. DATE OF BIRTH 4 dest birthdoy) Rours dny 6/12/1920 Male WIDOWED DIVORCED Negro remi 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and N. C. Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayol, Price Smith Emma Storer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address ₽ no? 239-10-1880 decedent INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY Recurrent cerebrovascular accidents with encepha ONSET AND DEATH signed by the burial-trans IMMEDIATE CAUSE (o) weeks lomalacia DUE TO Conditions, if any, which gove Cerebral arteriosclerosis vears rise to immediate couse (o). DUE TO stating the underlying couse as the (a) Generalized arteriosclerosis (moderate) years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? Hypertension (clinical NO. certificate 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH J.D (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Stote) (County) Hour om Not While factory, street, office bldg., etc.) of work ot work 19 68 to 21. 1 certify that (this haspital) attended the deceased fram 1/5/ 3/6/ 1968 , that #) (we) last DIRECTOR: 19.68 , and that death accurred at 8:40A M, from causes and on the date stated above saw the deceased alive on 3/6/ 220 SIGNATURE 22b DATE SIGNED ATTENDING 3/6/68 M D DIRECTOR X director, page should be filed TO HOSPITAL |
Page 4 may b 22c PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M. Glenn Dale, Md. 230 BUR.AL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE

ALARYI AND STATE DEPARTA

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4	Τt		DIVISION OF VITAL RECORDS,  3/15/68 kk (		ON STREET, BALTII E OF DEATH	MORE, MARYLAND 21201	3.4
7 2/2	_	CEASED NAME First	Middle		LOST DEATH	20 DATE OF DEATH	2b. HOUR
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	3. 7	^				last birthday)	MONTHS DAYS HOURS MIN,
S. S. hours	7a	Male SIRTHPLACE (Stole or foreign 7	Caucasian b. (ITIZEN OF WHAT COUNTRY?		11/30/85	82 YR P. COUNTY OF DEATH	5.
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within 24 hi ely filled in ban papers.	i		give street oddress)	,		st attempting the even if refered	
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remond complete		aryland		Bowle		11/410 Staffe	
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ate be	L	JOSEPH	SokoL		Mohli		
requires that the death certificate be exected to physician.  signed by the attending physician and camples burial-transit permit. Then please remaye fortal burial, crematian, or remayal, and in any event.	160	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? or dofes of service)  16b SOCIAL SECURITY N		WANT 110.	13 VIA No Address	1 1 Buch
phy en ava	-	( ', -		- LIVE	en nonot	1010/Indion	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line far (a), (b) and (c),			•	BETWEEN ONSET AND DEATH
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the det in a constant of the c	L	at wark at work					
be free	L	22a. I certify that (I) (this	manual attended the decease ve an March 6	d fram Marc	h 22, , 1962	, to March 6_,	9.68_, that (I) (vec)clos
Ped	П	saw the deceased aliv	ve an <u>March</u> (I) (xxx) (did) xxxx (bid) xxx (did) xxxx (did) xxxx (bid) xxx	7.68_, ond the	ntin (my) ( <u>o</u> ce⊌) opin	nion death accurred on the	date and havr and tram the
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• •	24_	FUNERAL DIRECTOR DANZ	ANSILY & SENSADORESS	11/1	2So. REC'D BY	REGISTRAR 25b REGISTRAL	R'S SIGNATURE
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A ATTENI retained ECTOR: A 3 shauld with the			e, (i) (www.) (d d	decknown view the	bady after	death.					
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O HOS	23a,	BUR AL, CREMATION, 23b. REMOVAL (Specify)	DATE 4/6/68	1 "		R CREMATORY	1		h (City of Tawn)	(Ytrued)	(State)
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VR A15 (4) 30M REV 1/68	24.	( le 22 m	60	1	/-		A D		968 EGISTER	Clark V	udge
O		Harry h. Penn	Jr., A	dministrat	or/	0	ATE AT	1	4		-



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH 2b. HOUR I ond 2 Month 37 (Type or print) 6 8 Year DAVID MICHAEL STEPAKOF Mar :45 M requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) HOURS Male Caucasian Dec 67 7o. B.RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED X country) Bermuda U.S.A. Prince Georges WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY pleose remove corbon buriol, cremotion, or removal, and in any event, wit Andrews AFB Grow USAF n/a 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM.757 13e STREET AND NUMBER STATE Bermuda 13b. COUNTY Kindlev P.O. Box 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Richard Joseph Stepakof Haldi Ruth Silver ficate has been signed by the attending physicion for use os the buriol-fronsit permit. Then please Health prior to buriol, cremotion, ar removal, and i 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Medical Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line fog (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventriculai 3 munutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) nse to immediate couse (a). Poge 4 moy be retoined by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cousei amuric); ascites, currhosis, believe atrans PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Biliary Coresis 1496 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? aundice, suspect biliary attend NO F director, page 3 should be detached for use should be filed with the State Dept. of Health **10 FUNERAL DIRECTOR:** After this certificate director, page 3 should be detached for us ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov If either, notify medical examiner) P.M. 21d INJURY OCCURRED
While Not while of work ( AT HOME FARM, STREET, FACTORY, ) 21F LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County Stota 22a. I certify that (I) (this hospital) ottended the deceased from 12 FEB, 1968, to 31 MARCH, 1968, that (I) (we) lost saw the deceased alive on 51 MARCH. 1968, and that in (my) (evr) opinion death occurred an the date and have and from the causes stated abave, (I) (we) (did) (did not) view the bady after death 22h. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYSICIAN'S PALMA, CAPT USAF HOSP 23d LOCATION (City or Town) 23o. BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) BEWO ANT (2 BECTA) 4-2-68 Arlington National Cem. Arlington. 24 FUNERAL DIRECTOR Danzansky & Sons Washington DO 256 REGISTRADE DIGNATU 250 REC'D BY REGISTRAR VR A15 (4) ,30M REV. 1/68

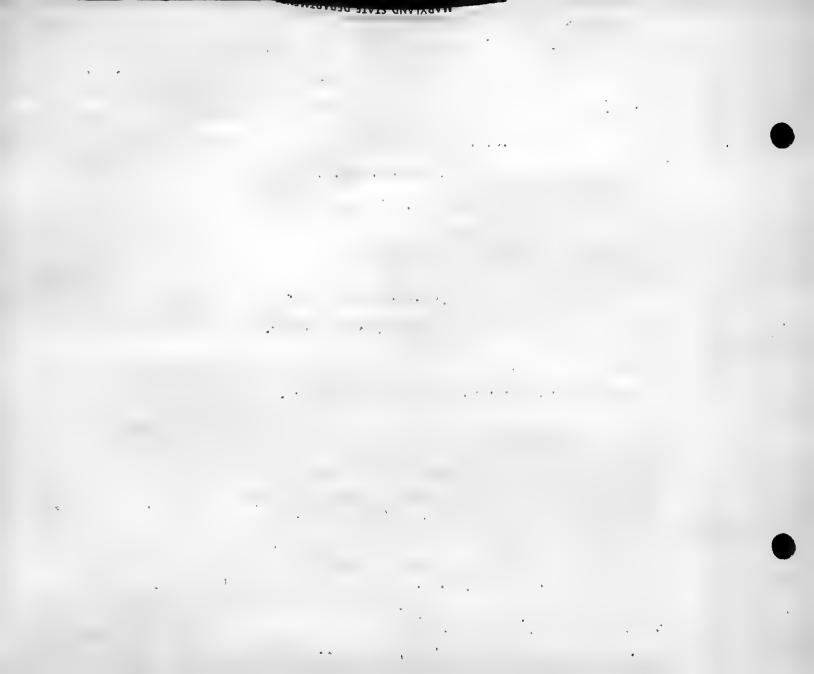


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME F.rst Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) campletely filled in by the funeral 4. RACE 6 AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH IF UNDER YEAR MONTHS lost birthday) 10-22-188 YRS. hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fore an 8. MARRIED NEVER MARRIED (auntry) FRIDCE DIVORCED [ WIDOWED TO byrial, crematian, ar remayal, and in any event, within 72 ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Convalescent Tduring most of working life, even if retired ) DWY 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN YES 🗾 8503-Springuale Silver 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle , 4 m - 1 DAMAGE CARON 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (1) yes give wor or dates of service) Yes, na grynknawn) 77-05-0305 BREENBER 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR ASIA CONSPONENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has bimn director, pagm 3 mhamld be matached for use ms thm should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES T NO 🖊 23g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A M (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County While Not while at wark 22a. I certify that (I) (this hospital) ettended the deceased from 7-15, 1967, to 3-29, 1968, that (I) (we) lost saw the deceased olive an main 1968, and that in (my) (our) apinion death occurred on the date and hour and from the 4 may be retained causes stoted above, (I) (we) (did) (and not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE DEGREE PHYS. DIRECTOR 22e ADDRESS Greenbe NAME (Type) Burton A. Johnson, M.D. Groenbe 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, County Marylane 25b REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR ONC-RURY SA. DATE

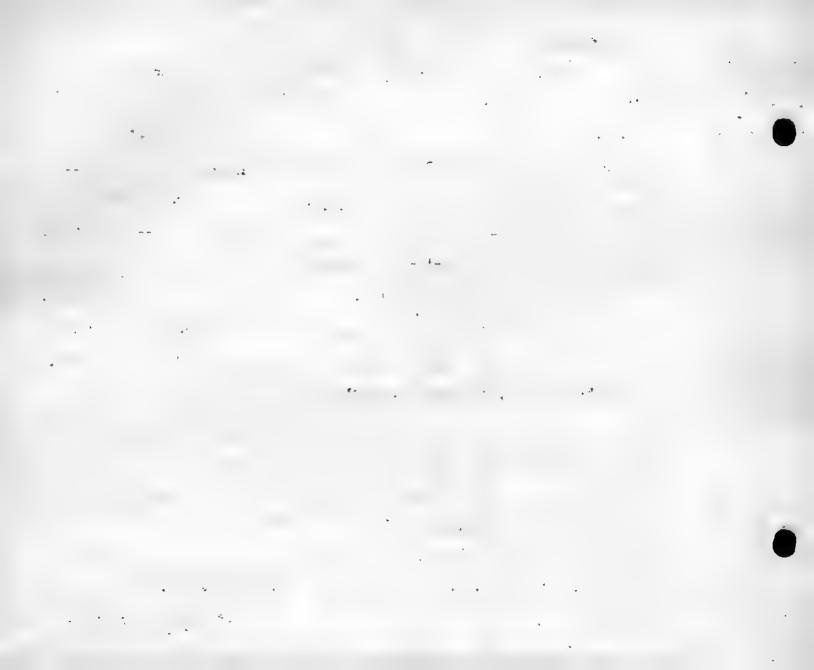
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= 7AA		CEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
deort deort	(1	ype or print) Mar:	v .T	Taylor	Month Doy March 12	Year 6.54AM
ofter deot	3. SE		4. RACE	S. DATE OF BIRTH	A AGE (In years	IF LINDER 3 YEAR IF UNDER 24 HRS
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ille Page hin	10. 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in haspital 12a.	USUAL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
The law requires that the death certificate be executed within 24 hours ofter death attending physician. Then physician and completely filled to be functed by the ottending physician and completely filled to be functed by the burial-transit permit. Then please remove carbon papers. Pages and he prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.		Cheverly	Prince Geo	rges Gen. Hospita	ng mast of working life, even if retired.)	INDUSTRY
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eaff mit.		PART I. DEATH WAS CAUSED !MMEDIA!	TE CAUSE (o) Con gest 1	ve Heart Failure		
offi offi ion,		4 X	DUE TO, OR AS A CONSEQUENCE	)F	-	
the the sit	1	Conditions, if any, which gave rise to immediate cause (a),	(b) hyperten	sive Heart Diseas	<u>e                                      </u>	
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e lo tend	CERTIFICATION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS		206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFIENC
문 p a s a a	E .	21g. ACCIDENT WAS UNDERLYING	G 21b, TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2, It	tom 10 3
AN de control de contr		or contributing Cause of Death			(Enter nature of injury in Pan 1 of Pan 2, i	rem ra.)
SICI spit spit sed leed to of the of	MEDICAL	(If either, notify medical examinated Angulary Occurred 21e.	er) P.M.	19 SACTION Street on D.S.	D. No. City or Town	County State
OR ATTENDING PHYSICIAN: De retained by the hospital or NIRECTOR: After this certificate e 3 should be detached for a		TITING   INGI WILLIAM	OFFICE BUILDING, ETC	FACTORY,) 21f. LOCATION Street or R.F.	D. No. City of Town	coomy
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OR: in each		causes stated abave	, (X) (we) (did) (d/t0/1031) view th	e bady after death.		
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ed as per		6au	my k resery	CUL DEGREE PHYS.	DIRECTOR PHYS.	nel 12,1968
TAI DO Po Pe fine	1	22d. PHYSICIAN S NAME (Type) Edwin	n Jensen, M. D.	Prince G	George's General Hos	pital
NEW 4-1	<u></u>	THE STATE OF THE S	NATE LOS MANES	DE CEMETERY OR CREMATORY		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating	230	BURIAL, CREMATION 23b. E REMOVAL (Specify) 3	16/68/ He	mony Memorial	23d. LOCATION (City or Town) Maryland	(County) (State)
\ /		FUNERAL DIRECTOR		\$\$ \C\ \^ \ \ 250. RI	FC'D BY REGISTRAR 2Sb REGISTRARS	SIGNATURE
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	the ful	4	3. SE.	Male	4 RACE Whi	lte		5 DATE OF BIRTH 11/24/	1910	6 AGE (In years last birthday) YRS.	MONTHS DAYS	F JNDER 24 HRS HOURS MIN
•	4 hour		7o B coun	IRTHPLACE (Stote or foreign try) N. C.	7b. C TIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	D NEVER MARRIED  DIVORCED		INTY OF DEATH Tince Georges		Md.
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	The law re ottending has been se as the th prior to	2	CERTIFICATION					YES 🔲	NO K	CAUSES OF DEATH?		
	I or			210. ACCIDENT WAS UNDERLYIFT OF CONTRIBUTING CAUSE OF DEA		OF INJURY A. Month Doy Yeor	<b>2</b> 1c	HOW INJURY OCCURRE	ED (Enter noture	e of injury in Port I or Port 2, I	tem 16.)	
	pita priffical port for	- 1	ă	(If either, notify medical exami	iner) P.h	A. 19						
	bing PHYSICIAN: The law requires the by the hospital or attending physician. After this certificate has been signed by be detached for use as the burial-trai State Dept. of Health prior to burial, cre			at work of work		( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town	County	Stote
	by 1 fter fter be o	-1		22a. I certify that 🖔 (th	nis hospital) o	ttended the deceose	ed from.	2/26/	, 19 68 ,	ta3/27/_, 19 deoth occurred on the da	bo , that	(1) (we) lost
	R: A Uld the the	- 1		couses stated abov	e M (we) (die	d) (AAartt) view the	9 <b>00</b> , (	ond that in (my) <b>(X</b> er death	( opinion	deoth occurred on the da	te and havr a	nd from the
	OR ATTENI be retained JRECTOR: #	- 1		22b. SIGNATURE	11,1	/ / 22			1150	22c 1	DATE SIGNED	
	be red w				llist	1 ven	D	ATTENDING PHYS	☐ MED DIRECTOR	R STAFF 3	/27/68	
	PITAL moy   ERAL D	1		22d. PHYSICIAN'S NAME (Type) Moe	Weiss, 1	M. D.		22e ADDRESS	Glenn I	ale Hospital Dale, Md.		
	TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detached for us should be filed with the State Dept. of Healt		23o	BURIAL, (REMATION, 236 REMOVAL/SET (y) 3	DATH 8/6	23c - RAME OF	CEMETERY-	OR-CREMATORY	23d	OCAJ ON (City or Town)  Jashington, D.	(County)	(Stote)
	VR A15 (4)		24 .	FUNERAL DIRECTOR	10	ADDRESS		250	REC'D BY REGI			- 100
	30M REV. 1/6	8		(an 1	. / / W	WIN		DAT	TE ###17	a spice and	isulas &	Mary Co.



The state of the s	P1 2-	DIVISION OF VITAL	RECORDS, 301 W. PR	ESTON STREET, BALTIM	ORE, MARYLAND 21201			~ F1
FOR STATE	0-04:	MED	DICAL EXAMINER	'S CERTIFICATE O	F DEATH			1.0
HEALTH-DEPT.	1 DECEASED-NAME	First	Middle	Last	2a. DATE KNOW		Day Year	2b HOUR
± 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(Type or Print)	Helen	Dunton	Thompson	TZE FO I	ED\$€7 3-1-	68 192	40pmM
5 m 2 1 1 1	3 SEX 4 R		BIRTH 6 AGE	n years F UNDER YEAR	F UNDER 24 HRS. 2c DATE PRONE		~ ~ .	2d HOUR
e ou e	Female :	hite   19 N		YRS MONTHS DAYS	HOURS MIN Month	Day	68 192:1	5mm M
I, 2, rrm Pr	7a. BIRTHPLACE (State or		WHAT COUNTRY? 8	MARRIED NEVER MARRIE	D 9 COUNTY OF DEATH		00	7,000
e De	Muchig	en U	. 9	WIDOWED TO DIVORCE	□ Prince Geo	maa la		Md
	10 CITY OR TOWN OF THE	TH I	I NAME OF HOSPITAL OR INST	TITUTION (f nat in haspital	12a USUAL OCCUPATION (Kind	af wark done	126 KIND OF BUSI	NESS OR
96 2 2	Chever	[a]	rince George	Hospital	during mast of workings to, e	ven if retired)	INDUSTRY	
		there deceased ived, if in	stitut an, Residence befare		SIDE CITY LIM TS? 13e STREET AND			
0 00 3 m	admission) STATE	Prince	George Coll	ege Park	S □ NO □ 4212 G	uilford	Road, Ar	t. B
hours ofte Item 18,6 Office dian Lond 2 with	14. FATHER S NAME		ddle Last	IS MOTHER'S MAIDEN		Middle	Last	
4 h	DE/X	LAR AL	HUNTON	RIAL	INF 1	BRIF	KI	
hin 24 nail in niner's pages 1 hours	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	WATER MANTER I A	E M. ROBINSON	ADDRESS I NID	AN SPR	ING
thin imir pa	(Yes, na. or upknawn)	(It yes give wer or dates of servi	12/64/092	TICATHEKIN	E WITHOUND IN	LIER SP	RING. )	V D
executed within and ngilling pencill Medical Examine permit File pagint within 72 hours.	10 CAUCE OF DEA	TH (Enter on wome on so re n	er line far (a), (b) and (c).)		<u> </u>	The Kon	APPROX MATE	INTERVAL
ecuted ingilin edical E ermit F within	PART I DEATH	WAS CAUSED BY	Heart failur	10			minutes	
xecute nd.rg" Med cal permit	ward a second	A LILL COUNTY COUNTY (U)=			ic heart disea	CO.	unknowr	
be ex pend net Mo	Canditions, if any,	vhich pave 3	OK AS A CONSEQUENCE OF 25	T DGTT OPCTET OF	To liegio albea	30	dikilowi	
Chi Chi	rise ta immediate	cause (a), ( [D] -	OR AS A CONSEQUENCE OF					
should be en word "per to the Chief I burial-transit	stating the underly	ing cause	, OR POPP CONSEQUENCE OF					
she v to the buri	DADY 2 OTHER COL	(2)	BUTING TO DEATH BUT NOT D	C ATCO TO THE TERM NA. DICE	SE OR CONDIT ON GIVEN IN PART	F 1/ A	1	
s certificate should be executed within 24 hours e, writing the word "pending" in pencil in Item 1 forwarded to the Chief Medical Examiner's Office to seed as a burial-transit permit File pages land 2 emoval, and in any event within 72 hours after and items.	PART Z OTDER SION	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT K	CTALED TO THE TERM MAT DIDEN	DE OR CONDITION GIVEN IN PAR	1 1(a)		
te, writing to forwarded as a per removal, on	19a. DATE OF OPERA	TION	19b. CONDITION FOR WH	ICH OPERATION			20. AUTOPSY	?
e, w forv	Z		WAS PERFORMED?				YES 🗀	NO 🔀
Th.	190. DATE OF OPERA	WAS 215 TIME	E OF INJURY Manth, Day, Year	21c HOW INJURY OCCUR	RED (Enter nature of injury in Po	art 1 or Part 2. He		HO LOS
	PRIMARY OR COM	ITRIBUTING 🔲 HOU	RA.M.		( (		,	
INE construction of the co	PRIMARY OR COME CAUSE OF DEATH 21d INJURY OCCURR		RY (At hame, farm, street,	21f. LOCATION Street ar R	FD Na City or Tay	vn.	Caunty	State
EXAMINER: ute the cert oge 4 should your files Page 3 shoul	WHILE NOT WH	I destruct after her	ilding, etc.)		t			
			of the removes described	above, held an Autopsy	Inspection [X],	Inquiry K	, and in m	4 00'0'00
ICAL E executor. Post ed for CTOR: F	death results		couses 🗷 . Au dent			ned monner		y op ii oii
preose ey direction.  Interior birection birection or to burection to burection to birection to burection to	ueum resum	1 110111.	A A A A A A A A A A A A A A A A A A A	_,		med monner		
	ACTUAL	Lha	111621		MEDICAL EXAMINER	22b. DATE S	IGNED	
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necessory, protection of the funeral of may be represented to the funeral of the	EXAMINER'S NAME (Type)	nn Kehoe MD	Riverdale.	10005	S(Street, city, tawn, ar county)			
o contraction of the contraction	23a BURIAL, CREMATION	23b DATE		METERY OR CREMATORY	23d LOCATION (City	ar Tawn) / /	(Caunty) (St	ate)
	REMOVA (Specity)	J JMAR 1	968 PLAT	F SI HEAD	JEW WHEAT	ON. MA	RVLAL	LD
K	24 FUNERAL DIRECTOR	カカカク	ADDRESS	25	a RECD BY REG STRAR 2	56 REGISTRAR'S		
VR A15ME (5)	W.W.CHH	HWREK? (	OO TIVERS	DATE WID	MAR 8 1968	Munch	Judge-	
					TANA	/		



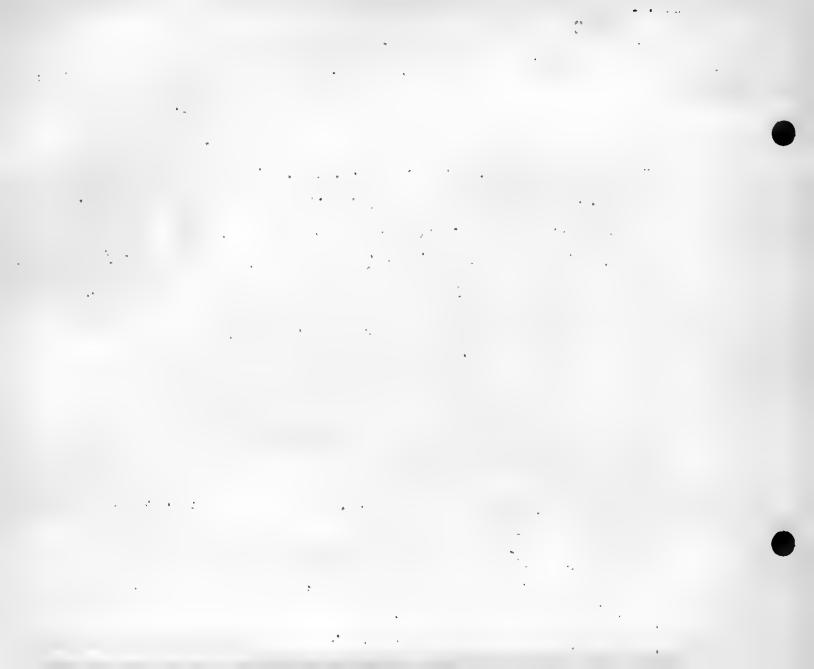
FOR ST	TATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH	DEPT	1. D	ECEASED NAME - First - Middle Lost - 20 DATE KNOWN FAT Month D	Day Year 25_HOJR
ay is 3 ta Page	-	(	Type or Print) CHARLES HENRY TOLSON DEATH MATED MORE	27 1960 M
delay and 3 M3. Pa	\$	3 \$	EX 4 RACE S DATE OF BIRTH 6 AGE (a years f under 1 YEAR IF UNDER 21 HRS 20 DATE PRONOUNCED DEAD authority birthey) MONTHS DAYS HOURS MINI MORE DAY	Year 2d HOUR
ny del 2, and PM3.		7	1 4-4-6 1 40 ARS 1 Moren 21	196X COM
- E		wije	BIRTHPLACE (Stote or Foreign, 76. CTIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9. COUNTY OF DEATH WIDOWED 3 DIVORCED PRINCE SUCCESSION OF DEATH WIDOWED 3 DIVORCED 1	2011
Pages vith far	tate			2b AND OF BUSINESS OR
er death Sive Pag ng with	the State	1		IDL STRY
hours after death Item 18. Give Pages 1, Office along with farm	2 with t death		USUAL RESIDENCE (Where declased lived, if institution Residence 13cd TY OR TOWN 13d INSIDE TOT JUNIOS 3e STREET AND NUMBER	0.1
18.00 18.00	12 w r de	L	dm.ssion) STATE M de Nob COUNTY Presed Selen ordanyes = NO - S636 M	Usmaul
haurs Item 1 Office	land2 after d	14. E	ATHER'S, NAME First of Middle Cost IS MOTHER'S MA DEN NAME First Middle	Lost
1 24 I in ier's	pages	16a	WAS DECEASED EVER IN US S. ARMED FORCEST [166 SOCIAL SECURITY NO. L. L. INFORMANT ADDRESSO	2/4 110
e executed within 24 pending" in pencil in ef Medical Examiner's			(es, no. pr ynkgown) (21) ges pry manger dores of service) Rich Smith Set 36 m	croinain
ed v			18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c)) PART I DEATH WAS CAUSED BY )	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical 1	permit. F		PART DEATH WAS SUUSINE (a) From Mal Cepileps you	miles
e ex pend			Conditions, if any, which gove ) DUE TO, OR AS A CONSEQUENCE OF	
<b>- 후</b> : 출	tran Iy ev		rise to immediate cause (a), (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
should e word o the C	urial-transit in any ever		stating the underlying couse   DUE 10, DK AS A CONSEQUENCE OF     OST   CC   Status epilepticus	
	s a be		PART 2 OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART I(a)	
certificate writing th srwarded t	di, a	NO	3532	
cert , wr	removal,	ICAT	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AJTOPSY?
This icate, be fa		CERTIFICAT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Port 2, Item	YES NO
見事		MEDICAL (	PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19	10)
AINE construction of the c	3 3	G	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street,   21f LOCATION Street at R.F.D. Na City or Town	County State
EXAMINER ute the cer age 4 shou	erainea tor yaur <b>DIRECTOR:</b> Page ar ta burial, cren		WHILE NOT WHILE factory, office building, etc.)	
Xec Percent	CTOR: I CTOR: I burial,		220 I certify that I took charge of the remains described above, held an Autopsy ( Inspection ) Inquiry	and in my opinion
lease e	ECT a bu		death resulted fram Natural causes 🖾, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗌	3-2962
<u> </u>	AL DIREC		ACTUAL DA-170 N O NATIVINAS STANT MEDICAL EXAMINER 226 DATE SIG	CNED
ury ary.	Pri Pri		SIGNATURE  SIGNATURE  ASS STANT MEDICAL EXAMINER  22b. DATE SIGNATURE  EXAMINER'S  DEPUTY MEDICAL EXAMINER  33/8-0	umpoling
O DEPUTY necessary, the funeral	6 FUNERAL Health pric		NAME (Type) Darth OV Min ADDRESS(Street city, town or county) Bloylen	stury not
0 a # 2	2=	23a	RTMOVAL (Specify)	County) (State)
	PH.	.24.	EUNERAL DIRECTOR ADDRESS 2SO REC D BY REG STRAR 256 REG STRAR 5 SIG	SNATURE
	A15ME (5)	111.	3. Washington - sons 4925 Deane Aven = DATE , APR 3 _ 1968 floor	nes judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Alice Tordella March 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. last birthday) HOURS Female White Sept. 6, 1886 81 7a. B RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH hicagehiox WIDOWED 🔀 United States DIVORCED [ buriol, cremation, or removal, and in any event, within 72 Prince George and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Sacred Heart Home during mast of working life, even if retired.)
Housewife Hyattsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔽 Tilinois 10501 S. Wabash Ave. Chicago Cook 14. FATHER'S NAME Lost IS. MOTHER'S MA.DEN NAME First First William Young Swartz Sacred Heart Home, Hyattsville, Marvland 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO SIL BONGEST SPRING NO d Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

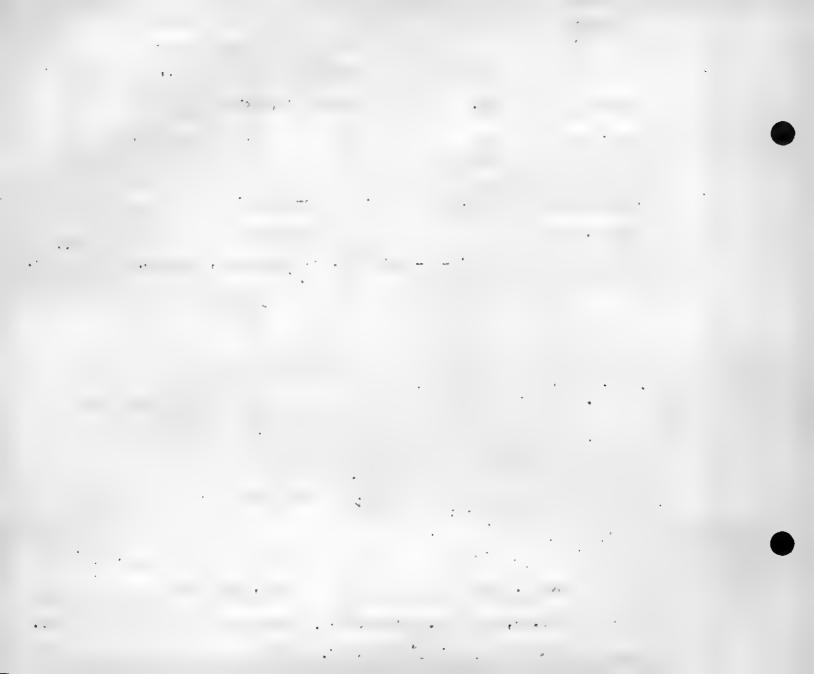
IMMEDIATE CAUSE (a) buriol-tronsit permit. Canditians, if any, which gave) rise ta immediate cause (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the b O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ director, page 3 should be detached for use should be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from and the sow the deceased alive on March 27 19 60, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN S 22e. ADDRESS Washington 23g BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Brigids Cemeteru Pennsulvania VR A15 (4) 30M REV 1/68

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1. (2.19.4)
(M)	L	ALSO KNOWAS WILLIAM CERTIFICATE OF DEATH	The Fall
# 25		ECEASED NAME First Middle 20. DATE OF DEATH	2b. HOUR
24 hours after death ded in by the farreral pers. Pages 1 and 172 hours after death	Ľ	Type or print) WILLIAM -J TRILLING 300	1968 4.00AM
±	3. S	EX 4 RACE 5. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s aft		MALE WHITE 8/22/28 Lost birthday) YRS.	JUNITES DATS HOURS MIN
by the Page	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
4 h d in Sers 72 h	100	WASH D.C. USA. WIDOWED DIVORCED Prince George's	Md.
		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital LSUAL OCCUPAT ON (Kigd of work done	125. KIND OF BUSINESS OR
within Sylville	CI	heverly Prince George's Gen. Hosp. Auch DRIVER	BC. Bloverage
unted vomplete		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1 13e. STREET AND NOMBER	0
omp ve eve	oam	Maryland 13b COUNTY Prince George Mt. Rainiers No 14307 Russell	Ave.
ond co	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
be not the		JOHN A TRILLING DOROTHY A GOLDS	MITH
requires that the death certificate be executed within g physicion.  I signed by the attending physicion and completely filles burial-transit permit. Then please remove carbon poor burial, cremation, or removal, and in any event, within	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 272 Address (15 service)	CHOUSON ST
tific val.		(1) YES THAT	TSVILLE MD
th certifications of the control of	Г	1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (t).)	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
ie deoth ce attending i permit. The		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CMCCC 71	Demile
attendi permit. ion, or r		DUE TO, OR AS A CONSEQUENCE OF	
the tit	1	Conditions, if only, which gove) (h) All I I tast	Jan.
that the dea ion. by the attend transit permit cremation, or	L	nse to immediate couse (a).  storing the underlying couse  DUE TO, OR AS A/CONSEQUENCE OF	
quires that the physicion. signed by the burial-transit burial, cremat		<u>lost</u> . (c)	
equires physicic signed burial-th		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te low re trending os been os the prior to	l <sub>z</sub>	163 x	
The fow rottending hos been se os the h prior to	١ĕ	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS COL	NSIDERED IN CERTIFYING
두 0 도 의도	CERTIFICATION	YES NO CAUSES OF DEATH?	
Z 0 fi = 3		210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Its Properties of Contraction of Contr	em 18)
<b>高名语不</b> 是	MEDICAL	(If either, notify medical examiner) P.M 19	
PHYSIC he hospii this certi teroched	ž	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town While Not while	County State
		ot work of work	
by the fifer if the deed of th	L	220 I certify that (I) (this hospital) attended the deceased from March 24 , 19 68 , to March 30 , 19 68 sow the deceased olive on March 30 , 19 68 , and that in (my) (our) opinion death occurred on the dat	38 , that (I) (we) last
END Ped A: A	Н	sow the deceased alive on March 30	e ond hour ond from the
ATTENI Stained CTOR: A Should iith the	П		ATE SIGNED
OR ATTENI be retained DIRECTOR: A ga 3 should ed with the		DEGREE PHYS DIRECTOR PHYS.	3/20/60
RAL DIR		22d PHYSICIAN S 22e. ADDRESS	
O HOSPITAL OR ATTENDING Poge 4 may be retained by the ofuneral DIRECTOR: After director, poge 3 should be deschoold be filed with the Store		NAME (TYPE) DR LEON. R. LEVITSKI 3408 R.L. and My Rain	uer med.
D HOSPI Poge 4 n D FUNER director, should b	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town)	(County) (State)
55 5 5 W		1000 1000 4-2-1968 WASH NATE EM SUITLAND	MID
VR A15 N	24	FUNERAL DIRECTOR RECORD STATE ADDRESSA SE WELL DEER RECORD REGISTRAN 10 250 REGISTRANS S	IGNATURE ()
30M REV. THOSE	1 4	DATE AFR 3 - 1900	La Van



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24-tours after death (Type or print) Month SADIE ELIZABETH TUCKER 1968 March lO:A N vithin 72 hours after 5. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR F JADER 24 HRS 3. SEX 4 RACE MONTHS DAYS HOURS Female March 24, 1838 Cau. 79 YRS 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [ NEVER MARRIED [ WIDOWED X Prince George,s DIVORCED [ Maryland USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The law requires that the death certificate be executed withfun give street oddress) during most of work ng life, even if retired)
Rousewife INDUSTRY рд the attending physician and campletely sit permit. Then please remave carbar Upper Marlboro Domestic and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Anne Arundel NO X Tracys Land Maryland IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost John W. Ward Laura Crosby 20869 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no. or unknown) Mrs. Mollie Bowen, Tracy, & Landing, Md. burial, crematian, ar removal, 214-56-0100 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), (u/d (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE for DUE TO. OR AS A CONSEQUENCE O signed by the burial-transit p Conditions, if ony, which gove: rise to immediate couse (a), DUE TO, OR AS A CONSCIOENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) te has been s use as the b atth priar to b 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X should be detached for use with the State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from that (I) sow the deceased alive on 17 and that in (my) (our) opinion death occurred an the date and haur and fram the couses stoted abave, (1) (we) (did) (did not) view the body ofter deoth 22b SIGNAZION 22c DATE SIGNE ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Owings, Maryland Hugh W. Ward 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) Owings Mar.26,1968 Calvert 0 Mt. Harmony Chr. Cemetery 25b. REGISTRAR S SIGNATURE FUNPRAL DIRECTOR 2So. REE D BY REGISTRAR VR A15 (4) 30M REV. 1/68 2 1968 6 Cicumat and 3 mcowings, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) 3-27-68 Month Edna VanderLinden: Doy Year Mae 9:40 EM 6 AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH F UNDER 1 YEAR IF JHDER 24 HRS. DAYS HOURS 8-16-99 Female White haurs 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Iowa USA Prince George DIVORCED | WIDOWED [7] 24 120 USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR INDUSTRY DITE School requires that the death certificate be executed within with during most of working life, even it retired)
Retired : teacher gwestreetgadess)Leland Memorial Riverdale signed by the attending physician and campletely iburial-transit permit. Then please remave carban burial, crematian, or remaval, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Prince George YES 🗔 Hyattsville 4226 Colethorne 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Eddie Rittgers Della Youtz 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes\_poor unknown) [If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 213 38 161/1 Husband and Medical Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) CUTE WKS DUE TO, OR AS A CONSEQUENCE OF ARTERIO-SCLEROTIC Conditions, if any, which gove ) UNKNOWN rise to immediate couse (a), Page 4 may be retained by the haspital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-tran DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) After this certificate has been a be detached far use as the state Dept. of Health priar ta 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES TO NO | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HDW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) or contributing cause of Death (If either, notify medical examiner) HDUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 3 - 2 , 19 4 , to 3 - 27 , 19 4 , that (1) (we) last saw the deceased aliye on 3 - 26 , 19 64 , and that in (my) (our) opinion death occurred an the date and hour and from the couses stoted obove, ((1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF 3-27-68 DEGREE director, page shauld be filed DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. J. Houmann, M.D. 4404 Wueensbury Rd., Riverdale, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23c. BURIAL, CREMAT ON (Stote) (County) REMOVAL (Specify) March 30, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Eliantes Judge F. Gasch's Sons Hyattsville, Md. DATE APR



1	μt	em 5 See birth cert MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 1 0 1
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be executed "pending" in itef Medical E ans: permit. Fevent within		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) ond (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxic brain damage	OCHIELII ONZI ZNO OCZANI
Men Men I pe		DUE TO, OR AS A CONSEQUENCE OF Occlusion of airway by plastic bag	
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	MEDICAL	PRIMARY CONTRIBUTING HOUR A.M.	10 ,
sho can sho	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, Tarm, street, 21f LOCATION Street or R.F.D. No. (1) or Town	County State
EXAMINER: ute the certi age 4 should your files. Page 3 shoul		white not white factory, office building, etc.)  AT WORK AT WORK to bedroom of home same as #13	
		22a   certify that   taak charge of the remains described above, held an Autopsy   Inspection   X, Inquiry   X,	and in my opinian
TY SICAL E  y, please executed director. Pa er estained for aL DIRECTOR: prior to buriol,		death resulted fram: National causes Agrident X. Suicide Hamicide Undetermined manner	}
lease ex director. etained to DIRECTO		CHIEF MEDICAL EXAMINER	
y plant of color of c		ACTUAL SIGNATURE M.D. ASS STANT MED CAL EXAMINER 226. DATE SIGN	NED
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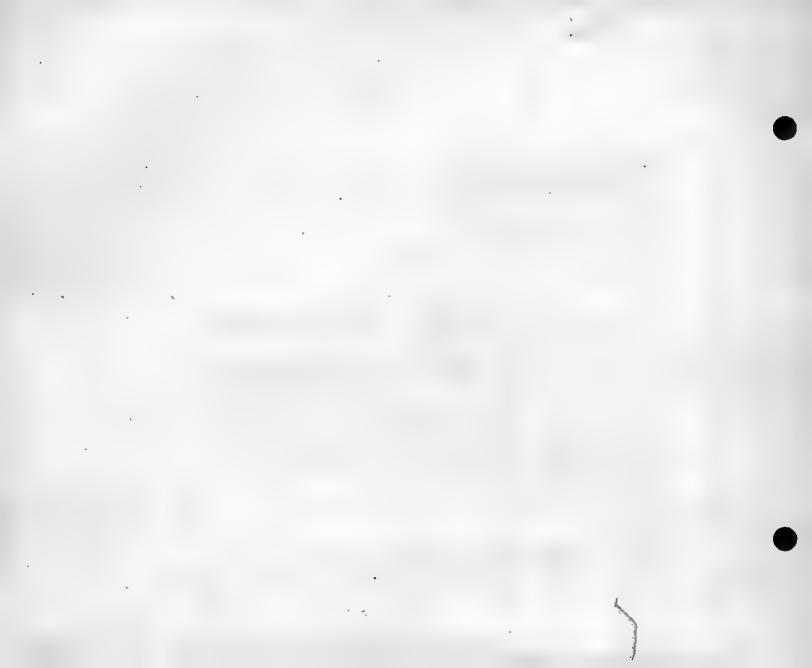




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OSIGN TEN		causes stated above	e, (I) (we) (did) (did not) view the	bady after death.		, and had and harring
A de la fe	ı	22b SIGNATURE	1011	ATTENDING	MED. STAFF 122c. DA	TE SIGNED
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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This certificate should be executed within cate, writing the word "pending" in pencil be forwarded to the Chief Medical Examine be used as a burial-transit permit. File pagar removal, and in any event within 72 hours.		WAS DECEASED FYER IN U.S. ARMED FORCES?  WAS DECEASED FYER IN U.S. ARMED FORCES?  WAS DECEASED FYER IN U.S. ARMED FORCES.  THE SOCIAL SECURITY NO  17 INFORMANT  ADDRESS  ADDR
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불국 필일	MEDICAL CE	210 EXTERNAL CAUSE WAS 210 TIME OF IN. JRY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M 19
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ICAL E exect for. Po ed for CTOR: buriof,		220. I certify that I took charge of the remains described above, held an Autopsy 🔼 Inspection 🔼 Inquiry 🔀 and in my opinion
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equires that the physician. signed by the burial-transit buriof, cremo		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N		DR CONDITION GIVEN IN PART 1(a)	
w red ding p een s the b	z	5272				
low andia be rior	ATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY?	2Db. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
AN: The low all or attenditions to the second for use as the Health prior	CERTIFICATION			YES NO	CAUSES OF DEATH?	
IAN: 1 tal or ficate for us		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	IG 216 TIME OF INJURY IN HOUR A.M. Month Day Year		inter nature of injury in Part 1 or Part 2,	Item 18.)
- 2 E	MEDICAL	(If either, notify medical exami-	ner)   P.M.	9		
HYS hos s ce ache ept.	2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	21f LOCATION Street ar R.F.D.	Na. City ar Tawn	Caunty State
te D det	L	iot work — at work — i		11 2 . 4 10	0/2/ to / < // 10	Control (1) Reven Los
by be Sto	П	saw the deceased a	lis nospital) attended the deceasi	96 Fam	9 <i>29</i> , to, 19 opinion deoth occurred on the do	te and haur and from the
TEN ined ould the	П	causes stated above	e, (I) (we) (did) (did not) view the	body after death.		
OR ATTENI be retoined JIRECTOR: /	П	22b. SIGNATURE	0 61		MED STAFF 22c	DATE SIGNED
V be y be goge 3 filed v	ш	Ulfre	& Organ	MEGREE ATTENDING PHYS.	MED DIRECTOR DIRECTOR PHYS.	3-10-68
moy RAL pag be fil	П	22d. PHYSICIAN'S NAME (Type)	JUCEBD R.	APINIO 220. ADDRESS	INTON MD	
O HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the hospit of FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of	-		DATE OF STANK OF	CENETEDA OB CDENALODA	23d_ LOCATION (City or Town)	(County) (State)
D HOSP Page 4 to S FUNE director	230	BURIAL, CREMATION, 23b	DATE 23 NAME OF	CEMEJERY OR CREMATORY	MARBURIC	HARLES MO
3/2	24	FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b. REGISTRAR S	SIGNATURE
VR A15 (4) 30M REV 1/68	14	FUNT + FUNE	PAL HOME WALD	ORE MAIL OMAH	(14 1968) person	time from the inguity is



MAKTLAND STATE DEPAKIMENT OF HEALTH

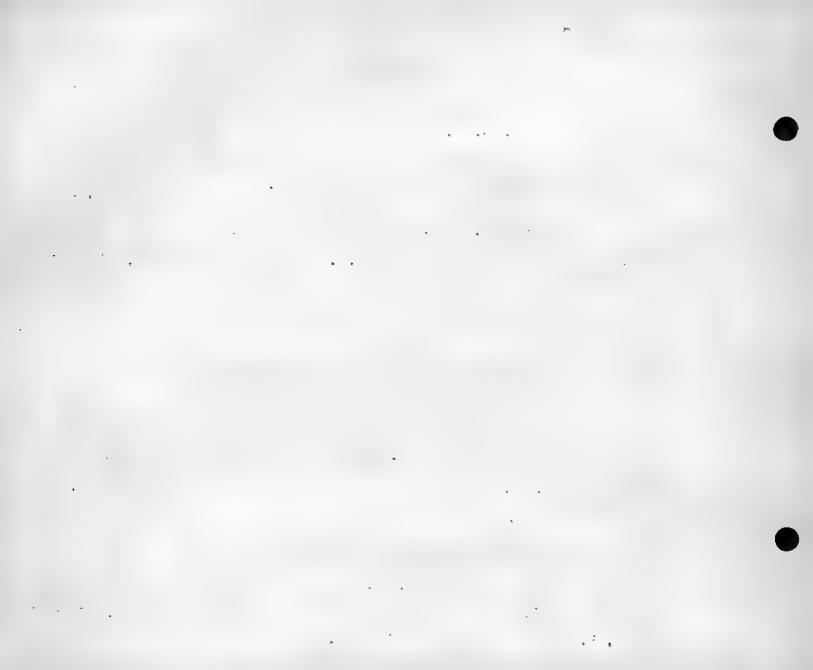


- 1 1	MARYLAND STATE DEPARTMENT OF HEALTH
C FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I. DECEASED NAME (Type or Print)  2a. DATE KNOWN Month Doy Yeor 2b HOUR OF ESTI-
ay is 3 to Poge ent of	JONALDLINCOLN WILLIAMS DEATH MATED THINKLEY 19CX CON
delay and 3 13 Po	lost birthdovi MONTHS DAYS HONES MIN
27.28.45	11 10 12 20 47 18 1 - Moran 29 1996 74
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED V 9. COUNTY OF DEATH COUNTRY) South Dakston U. S. a. WIDOWED DIVORCED Prince Heores M.
oges fo fo	10 CITY OR TOWN OF DEATH . 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done +1/20, KIND OF BUSINESS OR
in the sta	Beaver Reeght give street address) during most of within affine the things the things and the street in the street constitution
offer of the section of the section	130 USUAL RESIDENCE (Where deceased ved of institution Residence before 13c CITY OR TOWN 13d Missing CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY 1 CONTROL OF THE PROPERTY LIMITS?
00 0 >	De posterior 2/4//white
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
hin 24 ncil in niner's poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS ADDRESS
	(Yes, no or unitarity) (it yas give war or dates of service) (16b SOCIAL SECURITY NO 177, INFORMANT Property of Colice)
d will in pe Exar File n 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
be executed "pending" in nef Medical E nisit permit. F event within	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Wounds Multiplical of Surest and DEATH  MANUAL CAUSE (b) Wounds Multiplical of Surest AND DEATH
exe endi Me t pe t pe	505 20 DUE TO, OR AS A CONSEQUENCE OF
ld be e rd "per Chief I transit my even	Conditions, if any, which gove inse to immediate cause (a). (b)
word word the C	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
요 수 는 는	last (c)
s tertificate s e, writing the forwarded to t used as a bu	PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rertificate writing th wwarded to warded os a novol, and	- Dubyick receiping treatment as an out fating of
te, writing te, writing forward to used to removal.	190. DATE OF ORERATION ON POPULATION ON POPULATION ON POPULATION ON POPULATION OF AUTOPSY?
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INER: Thi e certificot should be files. 3 should be ation, ar r	
INER: 1 should b files. 3 should astion, an	CALSE OF DEATH PM 19 AV 05 a TUMEN 14
	What was formula form affice building, etc)
L EXA ecute Page or you R: Page	AT WORK I AT WORK IN CANCES TO THE TOTAL T
ICAL I exector. Per for Port CTOR:	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry and in my opin or
lease explication of the properties of the prope	deoth resulted from: Notural couses [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]
please (I directal retained L DIRECT	ACTUAL TO CHIEF MEDICAL EXAMINER C
JTY  ple rol d  prior  prior	SIGNATURE ASS STANT MEDICAL EXAMINER LIZED DATE SIGNED
DEPUTY SICAL EXAM sessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to borral, crem	EXAMINER'S NAME (Type) DAYTON DO WAT IT IN ADDRESS(Street Distriction Party)
ro DEPUTY necessory, is the funeral 5 may be r ro FUNERAL Health price	The state of the s
7	REMOVAL (Specify)
	Burial April 8, 1968 Addison Chapel Cemetery Seat Pleasant Pro Geo Md.
VR A15ME (5)	F. Gasch's Sons Hyattsville, Md. MATAPR 9 _ 1968 Charles Judge



1 2	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 . 84
HEALTH DEPT.	1 DECEASED NAME F.rst , Middle Lost 20 DATE KNOWN Month Do	cy Year 2b HOUR
MEALIN DEFI.	(Type or Print)	,
200	Pearl Littreal Villiams DEATH MATED \$\overline{\alpha} 3-5-6	8 1910:55pM
delay and 3	(ast orinday) Months DAYS MOURS MIN Month Day	Year
2,3	Female 7hite 5-30-1918 49 YRS 3 57  70. BIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	68"1911:25pmM
form form	country)	44.4
		b KIND OF BUSINESS OR
t de d	Cheverly Prince George Hospital during most of working life, even if retired) IN	DUSTRY
along death.	130 USUAL RES.DENCE (Where deceosed lived, f institution. Residence before 13k CTY OR TOWN 13d MISIDE CTY IM. IS? 13e STREET AND NUMBER	
2 - 7 -	odnyssion STATE Prince George Lanham YES NO 9879 Telegraph	Road
haurs afte Office alon Office alon I and with	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 1 s 1 2 s 0	William S. Littreal Lona	Poole
d be executed within 24 d "pending" in pendin Chief Medical Examiner's transit permit. File pages y event within 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (1995 give wor or dates of service)  17. INFORMANT  ADDRESS	
I within in pencil Examine File pagi	(1 yes give wor or dates of service)  B.L. Barnett Wytheville, V:	
ed in the second of the second	1B CAUSE OF DEATH (Enter on y one cause per line for (o), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in the Medical E ansit permit. F eyent within	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain	
exe endle Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
shauld be e te word "per o the Chief I burial-transit	Conditions, if ony, which gave need to immediate course (a), (b)	
shauld e word o the Ch ourial-tre	stoting the underlying cause DUE TO OR AS A CONSEQUENCE OF	
e shauld the word to the C s burial-tr	last (c)	
ate of the set to and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica ifing arder al, a	8/6,4	
is certificate shauld te, writing the word forwarded to the C e used as a burial-tr removal, and in any	196 COND TON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
XAMINER: This certifute the certificate, writing 4 should be forward your files.  age 3 should be used a cremation, ar removal,		YES NO X
d b old	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, Item HOUR A.M.	
INER: The certification of files.	E cause of Death 10:55 cm 3-5- 19 68   Driver of car involved in head-or	
the the strain of the strain o	fortony office building etc.)	County State
L EXAMINER: secute the cert Page 4 should or your files. RR: Page 3 should cremation,	AT WORK LIAT WORK LOST Ct. Rt. 193 West of Cibriano Road, Prince George County,	Ad.
_ & d D & D	220 I certify that I took charge of the remains described above, held on Autopsy [], Inspection [2], Inquiry [2],	and in my opinion
crar. Proceed for ECTOR.	death resulted fram. Notical causes 🔲 , 🖟 Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	]
please e I director retained	CHIEF MEDICAL EXAMINER	
rry, please eral direction be retain prior to	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIG	
DEPUTY SICAL EXAM cessory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page safth prior to burial, crem	EARMINER 3	5-68
TO DEPUTY SICA necessary, please ex the funeral director. 5 may be retained it to FUNERAL DIRECTO Health prior to burner.	NAME (Type) John Kehoe MD Riverdale Md. ADDRESS(Street, city, town or county)	
01 □ = □ 0 □ = □ □ □	DEMOVAL (Shantal	ounty) (State)
	Remove 3/4/66 Olive Branch wythe County,	Virginia
VD *15******	24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 256 REGISTRAR 5 SIG	NATURE CONTRACTOR
VR A15ME [5] 10M REV 1/68	The S. H. Hines Company Washington, DC DATE MAR 1 1 1968	9

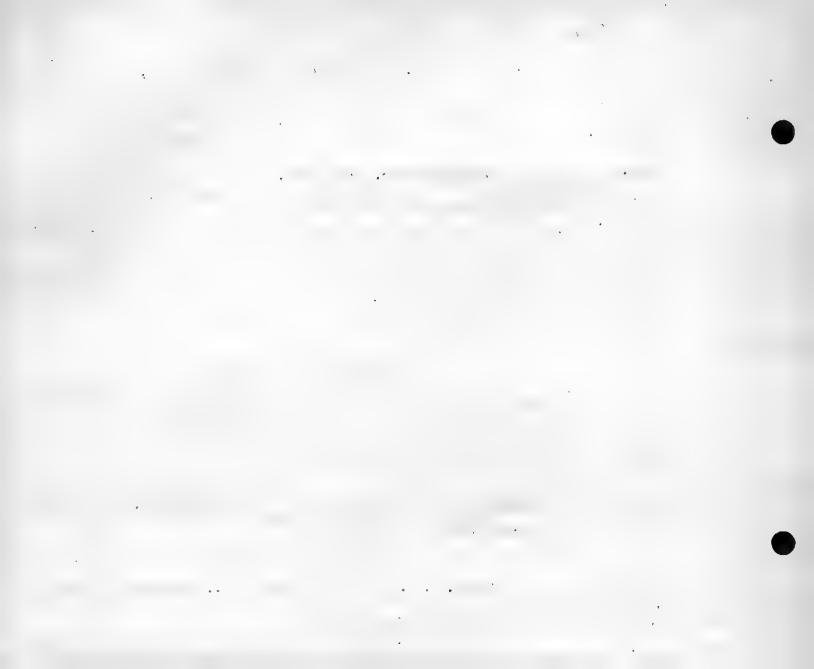
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20. DATE OF CEATH I. OECEASED NAM Middle 2b HOUR death. hamrs after denth and (Type or pant) Mar Month .38AM Albert E Willis 6. AGE (in years last birthdoy) 3 SEX 4 RACE S DATE OF BIRTH IF UNDER YEAR MONTHS DAYS HOURS 10 Feb., 1907 Male White affending physician and complétet<del>wem</del>cup... [Annamed of the please remove cabon payers [Annamed of the property of the please remove event, within 72 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Md Prince Georges U.S.A. WIDOWED [7] DIVORCED | 24 1). NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF GEATH 12b KIND OF BUSINESS OR within Self employed Prince Georg s General Hospital Painting Cheverly burial, cremation, or removal, and in any event, 130 LSDAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY Prince eo odmission) STATE Upp Marlboro NO F Box 2813 Largo Rd. Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost William Willis Louise K Imhoff Address er arlboro, Md. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) [ fiyes give wonor dates of service; Gerturde F Willis Upper W W 11 APPROXIMATE INTERVAL 18. CAUSE OF CEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive hemorrhagic infarction, left cerebral signed by the attendir burial-transit permit. hemisphere. DUE TO OR AS A CONSEQUENCE OF Hypertensive cardio-vascular disease. Conditions, if any, which gove ) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached far use as the burial-tran should be filed with the State Dept. of Health prior to burial, crer stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 2Do. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? Yes YES TAX NO 🗍 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No 21d INJURY OCCURRED City or Town County State While Not while of work 19/03, to March 10,19 08 22b. SIGNATURE 22c. OATE SIGNED **ATTENDING** MED, DIRECTOR STAFF PHYS March 12,1968 DEGREE 22e. AODRESS 22 PHYSICIAN'S NAME (Type) RFD Box 2150, Upper Marlboro, Maryland Robert Sasscer, M. B. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BURIAL CREMATION 23b. DATE REMOVAL (Specify)
Burial Md. Resurrection Cemetery Clinton Pro Geo March 13, 1968 1968 REGISTRAR S. SIGNATURE 0 2So REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] F: Gasch's Sons Hvattsville, Md. 30M REV 1/68

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		し Sign Divis	SION OF VITAL RECORDS, 30			
$(\mathcal{W}_{I})$	L			RTIFICATE OF DEATH		, (, 1)
otter death. Se funeral ges 1 and 2 after death		(CEASED-NAME First ype or print) Ma:	Middle ry E.	Lost Woodcock	March Manth Doy	968 10:46 M
fun fun fer d	3 5			S DATE OF BIRTH	I & AGE (In years	IF UNDER YEAR IF UNDER 24 HRS.
2 8 2		Female : :	Caucasian	mm. 22.	1959 9 YRS.	MONTHS DAYS HOURS MIN.
hours hours	70.	SIRTHPLACE (Stote or foreign 7b CITI	IZEN OF WHAT COUNTRY? 8.	MARRIED 🔲 NEVER MARRIED 💢	9. COUNTY OF DEATH	
illed and 72 half	110	TY ash DE ITY OR FOWN OF DEATH	U-SA V	/IDOWED DIVORCED	Prince Georges UA. OCCUPATION (Kind of work done	Md.
ate be executed within 24 hours after ician and completely filled a by the fur lease remove corbon papers. Pages I and in any event, within 72 hours after	l .		give street address)	during r	mast of working life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
ate be executed within initian and completely filesse remove corban and in any event, with	13a	heverly USUAL RESIDENCE (Where deceased lived	, if institution: Residence before 13	Cen 1 Host	LIMITS? 13e. STREET AND NUMBER	
cuter cuter we c	adm	ssion) STATE Maryland 13b 414-12th Avenue P	COUNTY	delphi YES [	NO□ 8414 12th Ave:	nue
ond co	14	ATHER'S NAME FIRST	Middle Last	IS MOTHER'S MAIDEN NAME		Last
n or se r	上	Carlton A.	Woo Douck	ANNID		OPKINS
ertificate b physician ( pen please novol, and ii		WAS DECEASED EVER IN U.S. ARMED FOR es, na, ar unknown) (II yes give wer or dates		17 INFORMANT	Address	1
quires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, cremation, or removal,	⊨	AND CARET OF PRATILE	N 6 (A (A) 1(A)	<u> </u>		APPROXIMATE INTERVAL
quires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, or rem		1B. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUS	E (a) AS PINA +16	4.1.		BETWEEN ONSET AND DEATH
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rres ysich med rial-1		last			ral palited child	
PHYSICIAN: The law requires that the death certificate be executed within e haspital or attending physician.  its certificate has been signed by the attending physician and completely fills tached for use as the burial-transit permit. Then please remove corban pobept, of Health prior to burial, cremation, or removal, and in any event, within	_	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR	RCONDITION GIVEN IN PART 1(a)	
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The atthe	RIF			YES NO [		
AN: al or icate for u			16 TIME OF INJURY IOUR A.M. Month Dov Year	214 HOW INJURY OCCURRED (Ent	ter nature of injury in Port 1 or Port 2, It	em 1B.)
SIC spir sertif t. of	MEDICAL	(If either, notify medical examiner)	P.M 19	3 21f. LOCATION Street or R.F.D. N	la. City or Town	County State
= = 0			OF INJURY ( AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.		•	
OR ATTENDING De retained by the IRECTOR: After it e 3 should be de ed with the Stote	П	22a. I certify that (1): (thurshess	attended the deceased	from Musla, 191	oinian death accurred an the dat	8_, that (I) (vive) last
TEN1		causes stated above, (1) (2	(did) (sharent); view the bac	ly after death.	pinian aearn accurrea an rne aar	e ana naur ana tram the
ECT PET SHIP WITH SHIP	1	22b. SIGNATURE			MED STATE 22t. D.	ATE SIGNED
DIR DIR Jed v	L	Much	cal (Hugh G. Clari	C DEGREE PHYS	TMED.  DIRECTOR D STAFF PHYS. D ME	arch 26, 1968
D HOSPITAL OR ATTEN! Poge 4 moy be retained 5 FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the		22d. PHYSIGAN'S / NAME (Type) Hue	gh Clark, M. D.	1 TTO UNDIVERSE	gs Rd. Hyattsville	Maryland
IOSP UNE UNE Sctor	230	BURIA CREMATION. 236 DATE		ETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		REMOVAL (Specify) mon.		Olivet	110-1 2	3
VR A15 (4)	24.	FUNERAL <u>DIREC</u> TOR	ADDRESS <sub>0</sub>		BY REGISTRAR 25b REGISTRAR 5 5	
30M REV. 1/68		Vh lattarull	3603 14th J	WW -ug. DATE	MAR 2 8 1968 800	carles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3.09% CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR buriol-transit permit. Then please remove carbon papers. Pages T ord 2 buriol, cremation, or removol, and in any event, wirthin 72 hours after death (Type ar print) March Alfred Woolley 1968 :25A M 3. SEX 4 RACE 5. DATE OF BIRTH 5/4/85 6. AGE (In years 1F UNDER 1 YEAR 1F UNDER 24 HRS. e Male White and completely filled in by the t 82 birthday) #OURS requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED 📉 NEVER MARRIED country) England U.S.A. DIVORCED TO Prince George's WIDOWED 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF IG. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital gree street oddress)
Prince George's Gen. Hospital Foreman **INDUSTRY** Cheverly Inter. Silver 3a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13rt UNSIDE CITY JUNITS? 13e. STREET AND NUMBER NOT Wallingford 117 East Side Drive Haven 14 FATHER S NAME First IS. MOTHER'S MAIDEN NAME First Middle Smith Woolley Louisa Frederick Ann 710 Yalvelled Ve. 16b SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no ar unknown) (If yes give war or dates of service) 042 05 2833 Russell A. Wooley Meriden, Conn. Son APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the ottendir buriol-tronsit permit. ARCINEMA 37405 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) 5mcs Snoweho AILCINOMA rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or ottending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **) FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES 🖂 21g, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. DEFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town State Caunty While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from = 2-15 and that in (my) (our) opinion death accurred an the date and have and from the saw the deceased alive an\_ causes stated above (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3503 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (State) P.G. BUNEMOWAL (Specify) 3/11/68 Colmar Manor Md. Ft. Lincoln 24 FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURES VR A15 (4) Charien Francis Gasch's Sons Hvattsville, Md. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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